

PARTICIPANT DECLARATION AND CONTACT INFORMATION

Du skal udfylde en Deltagererklæring, samt dine kontaktoplysninger i forbindelse med dit krydstogt. Udfyld formularen på engelsk.

Klik her for at udfylde deltagererklæringen:
[Participant declaration and contact information](#)

Vælg den dato, du går ombord på selve krydstogtet.

Du kan tidligst udfylde den 3 måneder før afrejse.

Tryk 'Submit' når datoen er valgt.

PARTICIPANT DECLARATION AND CONTACT INFORMATION

Please complete the information exactly as it appears in your passport – please fill out one per person.

PARTICIPANT DECLARATION AND CONTACT INFORMATION

No sophisticated medical facilities are available in the Polar Regions. Our vessels carry a qualified physician and have a limited infirmary with basic medications and equipment. Passengers are further advised that medical evacuation, if available, is expensive, and we strongly recommend you acquire medical insurance that would reimburse you for this cost. Please note, the locations being traveled in are very remote, and in the areas where Medevacs (Medical Evacuations) are possible, it might take up to 2 days to be reached. This expedition is therefore intended for persons in reasonably good health. Passengers who are not fit for long trips for any reason, including disability, heart or other health conditions, are advised not to join the tour, as it would entail an unreasonable risk to your health and the safety of you and others on the expedition.

Together with your Travel Agency, Albatros Expeditions (AE) require you complete this confidential personal Participant Declaration so that the shipboard physician is fully aware of your medical conditions and needs and can better care for you onboard. This is part of AE's obligation for self-sufficiency under the terms of the Antarctic Treaty System. In addition, you are expected to carry your own regular medications, which may not be available aboard.

PRIVACY POLICY

Your personal information belongs to you and it is important for AE to protect what you share with us. The purpose of AE's personal data policy is to explain in a concise and transparent way how we collect, transfer, use and protect your personal information. AE has a clear ambition of minimizing the distribution of your personal information and creating a high degree of transparency in relation to this information.

The medical information collected in this form will be deleted at the completion of the voyage.

Please note: You cannot submit this form until 3 months before departure! Please visit the link later if your departure is on a later date!

Please specify your departure date! *

Day	Dag	Month	Måned	Year	År
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SUBMIT

Alt med rød ★
skal udfyldes

Region og Ship er allerede
valgt for dig

Region *

Arctic

Ship *

Ocean Albatros

DEPARTURE DATE

Vælg din periode på
krydstogtskibet

Departure date / Cruise Embarkation date onboard Ocean Albatros - Arctic *

Please select your departure date!

- Select -

Alt med rød ★
skal udfyldes

Angiv Albatros Travel

PERSONAL INFORMATION

Touroperator/Travel Agency *

Angiv dit efternavn, som det står
skrevet i dit pas.

Last name as it appears in passport *

Angiv dit fornavn(e), som det
står skrevet i dit pas.

First name as it appears in passport *

Angiv din emailadresse

Email address *

Vælg din landekode (Eks. DK
+45)

Mobile Country Code *

- Select -

Angiv dit mobilnummer

Mobile Phone Number *

Male = Mand
Female = Kvinde

Alt med rød ★
skal udfyldes

Vælg dit køn

Gender *

- Select -

Vælg din fødselsdato

Date of birth (DD/MM/YYYY) *

Day Dag

Month Måned

Year År



Vælg din nationalitet

Nationality *

- Select -

Angiv dit pasnummer

Passport number *

Vælg passets udstedelsesdato

Passport issue date (DD/MM/YYYY) *

Day Dag

Month Måned

Year År



Vælg passets udløbsdato

Expiration date (DD/MM/YYYY) *

Day Dag

Month Måned

Year År



Medicinske oplysninger

MEDICAL INFORMATION

Travel Insurance Company Name *

Insurance policy number *

Dietary restrictions and allergies *

Mobility restrictions *

Angiv navnet på dit
rejseforsikringsselskab



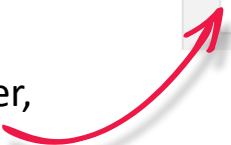
Angiv policenummer



Angiv Kostrestriktioner og
allergier, hvis du ikke har nogen,
tast 'None'



Angiv evt.
bevægelsesbegrænsninger,
hvis ingen, tast 'None'



Alt med rød ★
skal udfyldes

Medicinske oplysninger

Medical Information *

Please declare your prescribed vital medications (Medication name, doses, etc.)

Angiv venligst dine ordinerede livsvigtige medicin (medicinens navn, dosering osv.)
Har du ikke noget, skriv 'None'

Bemærkninger og sygdomme,
handicap eller svagheder.

Remarks and Illnesses, Disabilities or Infirmities *

Please declare your existing medical information! (Pre-existing injuries, conditions, etc.)

Angiv venligst dine eksisterende medicinske oplysninger! (Tidligere skader, lidelser osv.)

Jeg erklærer, at jeg er i god
generel helbredstilstand og er i
stand til at tage vare på mig selv
under ekspeditionen.

Traveler's Health Statement *

☐ Yes

I attest that I am in good general health, and capable of performing normal activities on this expedition. I further attest that I am capable of caring for myself during the expedition, and that I will not impede the progress of the expedition or the enjoyment of others aboard. I understand that this expedition will take me far from the nearest medical facility and that all travelers must be self-sufficient. With that understanding, I certify that I have not been recently treated for, nor am I aware of, any condition, physical nor psychological, or disability that would create a hazard to myself or other members of the expedition. I also attest that I have adequate travel insurance to cover including medical evacuation, travel interruptions, denied boarding and repatriation.

Jeg erklærer, at jeg vil overholde
sikkerheds- og
sundhedsprotokollerne ombord
på fartøjet ellers kan det føre til
afvisning. Positiv test kan
medføre karantæne ombord.

Traveler's Agreement to Comply with Safety & Health Protocols *

☐ Yes

I attest that I will comply with the Safety & Health Protocols onboard the vessel and understand that not complying may lead to denied boarding, and that a positive test may lead to quarantine onboard.

Flyinformation

FLIGHTS INFORMATION

We kindly request that you provide us with your flight information.

Arrival Flight Number *

Arrival Date *

Day	Dag	▼	Month	Måned	▼	Year	År	▼
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Arrival Time *

Hour	Time	▼
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:

Minute	Minutter	▼
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☐ am ☐ pm

Angiv ankomstflynummer,
fra det sidste fly du
ankommer med.

Angiv ankomstdato

Angiv ankomsttidspunkt

am = efter midnat
pm = efter middagstid

Alt med rød ★
skal udfyldes

Angiv afrejseflynummer, fra
det første fly du flyver hjem
med.

Angiv afrejsedato

Angiv afrejsetidspunkt

Departure Flight Number *

Departure Date *

Day **Dag**

Month **Måned**

Year **År**



Departure Time *

Hour **Time**

Minute **Minutter**

☐ am ☐ pm

am = efter midnat
pm = efter middagstid

Alt med rød ★
skal udfyldes

Størrelse på støvler

RENTAL INFORMATION

Boot Size *

For both our Arctic and Antarctic voyages, we loan sturdy, high-quality boots free of charge throughout the duration of your trip. While we strive to provide guests with boots that match their exact size, individual variations may occur, and we cannot always guarantee a perfect fit or the size selected. Boots are available in sizes EU35 to EU48.

- Select your preferred boot size -

Vælg din foretrukne støvlestørrelse.
Størrelser fra 35 til 48 EU

Jeg bekræfter hermed mit samtykke
til, at alle ovenstående oplysninger
må videregives til og anvendes af
relevant personale hos Albatros
Expeditions, samt læger og
besætningen.

Personal Data Consent *

☐ Yes

I hereby confirm my consent that all of the above information may be disclosed and used by relevant Albatros Expeditions personnel and onboard Vessel Medical Doctor and staff in connection with the execution of the booked voyage. I confirm at the same time that I have read and accept Albatros Expeditions' personal data policy: <https://albatros-expeditions.com/privacy-policy>

Terms & Conditions *

I hereby confirm that I have read and accepted Albatros Expeditions' General Terms & Conditions: <https://albatros-expeditions.com/terms-conditions>

☐ Yes

Jeg bekræfter hermed, at jeg har
læst og accepteret Albatros
Expeditions' generelle vilkår og
betingelser.

SUBMIT

Tryk på 'Submit' for at indsende dine oplysninger