



HEALTH DECLARATION

In accordance with the provisions of the Travel Agreement, the Participant must send a complete and correctly completed and signed copy of this health declaration by mail or in a sealed envelope to Arruno Exploration within 14 days following the signing of the Travel Agreement and any subsequent determination of a condition or disability. The Participant who has doubts about his/her health and condition to participate in a sailing trip at sea should consult a doctor.

- Name:.....
- First name:.....
- Place and date of birth:.....

Contact person in case of emergency:

- Person 1:
 - name:..... telephone:.....
- Person 2:
 - name:..... telephone:.....

Participant declares to be in normal, good health, to feel sufficiently fit to participate in a sailing trip at sea and to have no knowledge, despite normal careful medical follow-up, of any conditions or limitations other than those indicated below.

- Length:.....
- Weight:.....
- Diet (specify vegetarian, vegan or other):
- Sports skills:
 - swim:
 - YES/NO
 - distance:
 - Other sports:
- I am expecting a child?
 - YES/NO

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- Conditions or limitations:
 - I have allergies or intolerances
 - YES/NO
 - I have physical conditions: (epilepsy, asthma or other lung disease, diabetes, cardiovascular disease, balance disorders, susceptibility to seasickness, other acute conditions)
 - YES/NO
 - I have certain limitations (back, joints, limbs, prostheses or other aids)
 - YES/NO
 - I have a disorder or complaints of a psychological nature
 - YES/NO
 - I have an addiction (medicine, tobacco, alcohol, drugs or other)
 - YES/NO
 - I have increased risk of infection:
 - YES/NO
 - I have undergone chemotherapy or radiation in the past two years:
 - YES/NO
 - I have vision or hearing problems
 - YES/NO
- Medication
 - Participant is currently on medication:
 - YES/NO
 - This medication is prescribed by a doctor or therapist:
 - YES/NO

The participant takes care of bringing a sufficient amount of this medication.



- Insurance:
 - I have personal health insurance:
 - YES/NO
 - I have an additional insurance including medical intervention, hospitalization and repatriation:
 - YES/NO
 - In case of YES, which insurance institution:.....

Participant's signature (+ signature parent(s) if minor)

Name of participant (+parent(s)):

Date:.....

This Statement is for the information of the Entrepreneur and the Master of the Ship only and will not be communicated to third parties except insofar as this proves useful or necessary for the treatment of the Participant in the event of illness or accident during the Voyage.