



Parental Consent Form for Parents/ Guardians of Young Persons Participating in Sail Training Voyages

Please Note:

Sail Training Ireland is available for your assistance and information but does not directly operate any vessels or voyages. Sail Training Ireland acts as a referring organisation between trainees and ship operators and as an administrator for various streams of funding. Once the referral has taken place Sail Training Ireland is not responsible for the running and operation of the resulting Voyage that may take place thereafter. Responsibility for all aspects of The Voyage including safety lies solely with the vessel owner/operator and the ships master. It is important to be aware that sail training is an adventure activity in an intense environment at sea, which, by its nature, can be both mentally and physically challenging and carries with it some inherent risks. Sail Training Ireland can offer no warranty as to an individual's suitability for the experience. If there are any medical, behavioral or other details that are important for us to be aware of in terms of your child/ward's safe participation in The Voyage, it is your responsibility AND that of nominating organisation to declare this information to us.

Name of Trainee: _____ (Please Print)

Details of the voyage

Vessel: _____

Name of Parent / Guardian: _____ (Please Print)

Contact Phone Numbers in case of emergency: _____

1. Permission

As a custodial parent/guardian of the above named trainee I have given her/him my permission to participate on the above voyage.

2. Risk

I further recognise that there are inherent risks involved in crewing aboard a tall ship, travel and associated activities and I am willing to accept responsibility for those risks and any consequential injury and/or loss to my child's/ward's person and property, except where caused exclusively by the negligence of Sail Training Ireland (hereafter referred to as S.T.IRL.) and/or its agents.



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3. Medical Treatment Authorization

As the parent/guardian of the above named trainee, I authorise the appropriate medical officer, at the direction of S.T.IRL. or its agents to provide medical care to my child/ward while he/she is away from home and participating in the voyage if it is required.

4. Use of Photos

Sail Training Ireland frequently uses photos of trainees as part of social media and PR campaigns. Our child protection policy has clear guidelines around the use of photography particularly when minors are concerned. Any use of photos will be of an appropriate nature. If you have any queries concerning this please see our Child Protection Policy. I agree to the use of photography during this Youth Exchange.

5. Trainee Code of Conduct

I, as a participant in The Voyage understand my responsibilities to Sail Training Ireland. I will not possess, transport or consume, or be under the influence of alcohol or illegal drugs at any time during The Voyage or in the travel to and from this event. I undertake to follow rules and guidelines as directed by S.T.IRL.

Trainee Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Received By Sail Training Ireland on Date _____

Please email form to the address below

Email: info@sailtrainingireland.com Phone: (01) 871 1745

Or post to : Sail Training Ireland 13 Mayne River Street, Northern Cross, Malahide Road, Dublin 17. D17 VK54

Manager: Daragh Sheridan Manager Trainee Programme: Sindy Offer

The Role of Sail Training Ireland

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