



**SAIL TRAINING IRELAND**  
SAIL, TRAIN, LEARN, LIVE ...



**Medical Consent**

I give permission to the organisers of activities during the period of \_\_\_\_\_ (dd/mm/yy) to \_\_\_\_\_ (dd/mm/yy) to administer any relevant treatment or medication to the above-named participant when or if necessary.

In an emergency situation I authorise the organisers to take the above named to hospital and give my full permission for any treatment required to be carried out in accordance with the diagnosis given by a medical professional.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Full Name (please print):** \_\_\_\_\_

Trainee Undertaking

(Please ensure you place a Y if you agree and N if you do not in the following boxes)

I..... Agree to make a commitment to:

**All voyage trainees are required to be fully vaccinated against Covid 19.**

**Please tick to confirm you are fully vaccinated**   
**Please submit a copy of your digital cert**

- 1. Accept that there are risks associated with a sailing voyage and in order to minimise those risks I undertake to follow the rules and guidelines as directed by the professional crew and youth mentors on board.
- 2. I will not possess, transport, or consume, or be under the influence of illegal drugs at any time during the voyage or in the travel to and from the voyage.
- 3. I accept that it is illegal to consume alcohol under the legal age limit (18) and in doing so will affect my participation in this voyage.
- 4. I give permission to the organisers of activities during the voyage to administer any relevant treatment or medication to the above-named participant when or if necessary.
- 5. In an emergency situation I authorise the organisers to take me to hospital and give my full permission for any treatment required to be carried out in accordance with the diagnosis given by a medical professional.
- 6. I understand that the information contained in this form may be shared with third parties solely for the purpose of the voyage.
- 7. Photographs taken on voyages may be used for the purpose of promoting Sail Training Ireland.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please email form to the address below**

**Email:** [info@sailtrainingireland.com](mailto:info@sailtrainingireland.com) **Phone:** 01 845 4773

**Or post to : Sail Training Ireland SAINT JAMES COURT 6 JAMES TERRACE MALAHIDE CO. DUBLIN K3 Y972.**

*The Role of Sail Training Ireland*

*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 for the 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. 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 your suitability to the experience. Responsibility for all aspects of the voyage including safety lies solely with the vessel owner/operator and the ships master.*

**Personal data provided to Sail Training Ireland will be processed in accordance with our data protection policy and our privacy notice which is available on our website [www.sailtrainingireland.com](http://www.sailtrainingireland.com). By providing this information I confirm that I have read and understand Sail Training Ireland's privacy policy.**