



POLAR STAR EXPEDITIONS BOOKING FORMS

- When sending in deposit and reservation form the participant agrees to be bound by our General Terms & Conditions.
- All three pages of this form must be completed in full by each traveller and returned to the above address within 60 days of booking. Final documents will not be issued to a traveller unless forms are completed in full.
- By completing these forms you authorize PSE to use the information provided to complete your registration process and arrange the details of the trip. (Polar Star Expeditions acts in accordance with Canadian Privacy Laws.)

Tour Code: PS	Departure Date:	Cabin Category:	Cabin #:
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Mr / Mrs / Miss / Doctor (Please circle one)	Full Name as on passport:
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Date of Birth (day/month/year):	Nationality:
Passport Number:	Passport Expiry Date (day/month/year):

ADDRESS: This is only required if you are the primary contact for the booking. Invoices/documents will be sent to this address.

Street:	Tel:
City: Zip/Postal Code:	Fax:
Zip/Postal Code: Country:	E-mail:

Polar Star Expeditions Maritime Expedition Outer Shell • Sizing Chart (Please circle the appropriate size.)

Please select the size that most closely matches Your Actual Chest or Bust Size and use it as Your Primary Jacket Size Selection Criteria. Keep in mind that the jackets are "fully-cut" and then consider other criteria as appropriate based on personal preferences and requirements. If you are not sure about the sizing please choose the one that you think is most suitable. If it is not the right fit you can exchange it onboard.

SIZES (Based on Men's Unisex Sizing)	XXS	XS	S	M	L	XL	2XL	3XL	4XL
Your Actual Chest/Bust Size (inches)	30-32	32-34	36-39	40-43	44-47	48-51	52-55	56-59	60+
Best Estimate of US Women's Size Equivalent	2-4	6-8	10-12	14-16	18-20	22-26	28-30	NA	NA
Best Estimate of US Kid's Size Equivalent	M 8-10	L 10-12							

Measurements refer to body size, not garment dimensions, and are in inches. Our Sizing has taken into consideration that outerwear should be loose to allow for layering. It is not a form fitting garment.

If you need assistance please contact our partner, Ship to Shore Traveler by email at: customercare@stshore.com

Pre Boarding Details (Flights/Hotel) • If you do not currently have these details, it is important that you provide these details once booked.

FLIGHT	Date	Airline	Flight #	Airports (From/To)	DEP Time	ARR Time
Pre-Cruise						
Post-Cruise						
PRE CRUISE HOTEL					Tel:	

Future Mailings:

I would like PSE to send future brochures and promotions relating to PSE to me. (Circle one)	YES	NO
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For Internal Use Only:

Deposit	Confirmation Letter	Final Payment	Documents
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NOTES:

Name: _____ (Please print your name here in case it gets separated from pages 1 & 3.)

GENERAL MEDICAL INFORMATION

Sophisticated medical facilities may not be available. Our vessel carries a qualified physician and a limited infirmary with basic medications and equipment, please complete this confidential medical form so that our onboard physician is fully aware of your medical condition and needs. Please note: you are required to carry your own regular medications, as they may not be available onboard.

The expedition is intended for persons in reasonably good health. Passengers that are not fit for long trips for any reason are advised not to join the tour. This would include any medical condition which would entail an unreasonable risk to your health and to the enjoyment of all passengers onboard.

IMPORTANT: If you have a pre-existing medical condition, disability or any medical concerns you **MUST** have this medical form signed by your physician. PSE reserves the right to decline to accept or retain you or any other passenger at any time before or during the trip.

I understand that I will be required to complete a Health Information Form upon boarding and that if I experience any symptoms including fever, nausea, diarrhea, vomiting, abdominal cramps, headache or myalgia (muscle aches), I will inform the onboard doctor immediately and follow his/her recommendations.

Mandatory Emergency Medical Evacuation Insurance

Polar Star Expeditions requires that all passengers have full medical and emergency evacuation for the specific areas they will be visiting. The minimum coverage requirement is US\$50,000.00 for all programs. It is the responsibility of the passenger to check with their insurance provider to ensure they have adequate coverage within their own policy for the specific areas they will be visiting.

Insurance Policy: Provider _____ Number _____ Contact # (incl. country code) _____

Medical Information

1. Height _____ Weight _____ Blood type (if known)* _____

* Should an emergency situation arise where hospitalisation is required, this will allow the medical staff to provide you with immediate care. Blood transfusions are not performed onboard the M/V Polar Star.

2. Evaluate your general health: Fair Good Excellent

3. Evaluate your physical condition/stamina: Fair Good Excellent

4. Do you have any medical illnesses, disabilities or infirmities that have required the regular care of a doctor? If yes, describe briefly:

5. List all medications that you are taking at this time and the dosages. _____

6. Have you been hospitalised or had surgery in the last five years? If so, when and why? _____

7. Do you have any heart or respiratory problems? Are you a diabetic?

8. Do you have any dietary restrictions, food or drug allergies that we should be aware of?

9. Do you have any physical or mental limitations, handicaps or prosthesis? Yes No

10. Are you pregnant? Yes No

11. Do you have difficulty in walking or use crutches, a cane or a wheelchair? Yes No

12. Next of Kin / Emergency Contact: Name: _____ Relationship: _____

Phone # (incl. country code): _____

13. Physician's Contact Details (for emergency purposes only): Dr. Signature (if required): _____

Name: _____ Phone # (incl. country code): _____

Email Address: _____

Passenger Profile (expedition Capabilities) - When taking part in shore activities what level of activity are you comfortable with?

Easy (15-30 minute walk; easy terrain)

Difficult (60-120 minute walk; hilly, uneven footing; possibly slippery)

Moderate (30-60 minute walk; gentle hills; some uneven terrain)

Most Difficult (Over 120 minutes; difficult, slippery, steep)

Name: _____ (Please print your name here in case it gets separated from pages 1 & 2.)

DISCLAIMER AND INDEMNITY

Throughout the expedition cruise various Zodiac and shore activities will be offered including hiking. Passengers will be required to negotiate a steep gangway, get in and out of Zodiacs and be capable of walking over uneven and/or slippery terrain ashore. On some landings there will be the opportunity to participate in various walks/hikes. Some of these walks/hikes may include navigating over steep terrain, rocky slopes and slippery moss in inclement weather such as, but not limited to, on the Shackleton Hike from Fortuna to Stromness (applicable on Antarctic/Sub-Antarctic Islands program). The risks and requirements of these activities will be fully explained by the expedition staff onboard. Many of these activities are intended only for those in excellent physical condition with complete mobility and no medical limitations. (For example, the Shackleton Hike is an arduous difficult hike, approximately 4 miles (6 km) long) and about 3 hours in duration.) It is very important that you attend all passenger briefings onboard so you can gauge if a particular activity is suitable to your capabilities. **THOSE THAT DO NOT MEET THE PHYSICAL FITNESS CRITERIA REQUIRED FOR THE SPECIFIC ACTIVITY SHOULD NOT ATTEMPT THAT PARTICULAR ACTIVITY.**

I understand that I am undertaking all activities and hikes entirely at my own risk and that by signing this legal document I am waiving certain legal rights, including the right to sue. Furthermore, I understand that I am responsible for my own preparation and dress including, but not limited to, warm clothing, walking stick(s) and footwear with good grip soles. The risks and requirements of these activities will be fully explained by the expedition staff onboard.

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 onboard. I understand that this expedition will take me far from the nearest medical facility and that all expedition members (passengers) must be self-sufficient. With that understanding, I certify that I have not been recently treated for, nor am I aware of, any physical or other condition or disability that would create a hazard to myself or other members of the expedition.

I also confirm that I have completed the medical information portion of the booking form fully and accurately. I hereby waive any claims against Polar Star Expeditions or owners or operators of the vessel on which I am embarked, arising out of inadequacies or inaccuracies in the medical information provided herein, including arising out of Polar Star Expeditions being unable to ensure that I am in adequate condition for the expedition or to ensure that the shipboard physician is fully alerted to any potential health problems I may have.

I acknowledge and agree that Polar Star Expeditions, Karlsen Shipping Company Limited, Karlsen Shipping Norway AS, their directors, officers, associates, employees, representatives, volunteers, agents, successors and assigns, the vessel Polar Star, its captain, expedition staff, doctor and crew are not responsible and I release them from all liability or claims of any kind including but not limited to any injury or other effect upon my health, whether mental or physical, including my death, which may occur as a result of my participation in the Zodiac and shore activities. I assume complete responsibility for and will protect the above parties against all liability or claims brought against them by anyone else which relate in any way to my participation in the Zodiac or shore activities. This Disclaimer and Indemnity includes all claims, losses, damages, liabilities or demands of any kind, present or future, whether known or unknown, including interest and their complete legal costs, resulting from my participation in the Zodiac and shore activities including those caused solely or partly by the negligence of the above parties.

I agree that this Disclaimer and Indemnity is subject to the laws of Nova Scotia, Canada, and agree that all claims arising from or related to my participation in the Zodiac and shore activities are subject to the exclusive jurisdiction of the courts of Nova Scotia, Canada.

By signing below I confirm that I have read, understood and accept this Disclaimer and Indemnity of, and the Terms and Conditions of Polar Star Expeditions, Karlsen Shipping Company Limited, Karlsen Shipping Norway AS.

PASSENGER:

(Print) _____

(Signature) _____

(Date) _____

WITNESS:

(Print) _____

(Signature) _____

(Date) _____