Sailing voyage, No ......../........

**Attachment to SY GEDANIA’s crewmember online questionnaire**

(compulsory for every participant)

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

 (First Name and Surname of the participant) (Date of Birth)

**PARTICIPANT CONSENT**

1. I, hereby, consent to the rules and regulations on board the SY GEDANIA. I have been informed about alcohol prohibition and the penalty of its violation - being excluded from the voyage at my own expense.
2. I, hereby, consent to the processing of my personal data in order to participate in the voyage on SY GEDANIA and I declare that I have been informed about the right to withdraw this consent at any time. Withdrawal of the consent does not affect the lawfulness of the processing which was carried out on the basis of this consent before its withdrawal.
3. I, hereby, declare that I am in good health and do not suffer from any diseases or injuries that may be contraindications to sailing on a tall ship.
4. I confirm the accuracy / reliability of the data given in the online questionnaire.

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

 Date Parents/legal guardians’ signature (\*) Participant signature

**PARENTS / LEGAL GUARDIANS’ CONSENT (\*)**

I, hereby, consent to participation in the SY GEDANIA voyage of my daughter/son

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

First Name and Surname of the participant (underaged person)

I, hereby, consent to processing of my personal data by STAP and that I have read STAP’s Privacy Policy.

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

 (Parents / Legal Guardians’ Names) (date and signature)

**(\*) – apllies only to the underaged**