

## APPLICATION FOR MAHINA OFFSHORE SAILING EXPEDITIONS

We hope this application will help you focus on your reasons for applying for an expedition aboard Mahina Tiare III. It will also provide us an opportunity to get to know you better.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

First name you generally go by if different than above \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Prov \_\_\_\_\_ PCode/Zip \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Day (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_ Marital Status \_\_\_\_ Passport No. \_\_\_\_\_ Nationality \_\_\_\_\_

Occupation \_\_\_\_\_ Position \_\_\_\_\_ Employer \_\_\_\_\_

Describe your work responsibilities \_\_\_\_\_

Expedition Choice: Leg \_\_\_\_\_ Year \_\_\_\_\_ Second Choice: Leg \_\_\_\_\_ Year \_\_\_\_\_

Please tell us your reasons for applying for an expedition. Use an additional page if necessary.

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Has anyone encouraged you to apply for this expedition? \_\_\_\_\_ If so, please explain \_\_\_\_\_

Are you interested in offshore cruising on your own boat? \_\_\_\_\_ If yes, when and where? \_\_\_\_\_

How did you learn of our expeditions? \_\_\_\_\_

If accepted for an expedition, will you be able to join us for an Offshore Cruising Seminar? \_\_\_\_\_

Have you ever participated in an expedition? (climbing, hiking, rafting, etc.) \_\_\_\_\_

Mahina Expeditions require that all participants commit physically, mentally and emotionally to the success of the expedition. Identify an activity to which you have made a major commitment. Describe how you demonstrated this commitment. \_\_\_\_\_

What are presently your greatest joys in life? \_\_\_\_\_

What three words best describe your personality? \_\_\_\_\_

Ocean passage making can be physically demanding. Describe your regular physical activities/sports; how often, and length of time. If you don't regularly exercise, use this space to describe your personal fitness commitment if accepted on this expedition. \_\_\_\_\_

What are your current interests and pursuits? \_\_\_\_\_

Do you enjoy swimming? \_\_\_\_\_ how often? \_\_\_\_\_ Snorkeling? \_\_\_\_\_ Scuba Diving? \_\_\_\_\_

Please list your sailing experience. Use an additional page if needed. \_\_\_\_\_

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Have you received any instruction in sailing or coastal navigation? \_\_\_ If yes, please describe \_\_\_\_\_

Do you presently own a boat? \_\_\_\_\_ If so, what type? \_\_\_\_\_

Do you belong to a sailing club? \_\_\_\_\_ Name and Location \_\_\_\_\_

Have you ever chartered a sailboat? \_\_\_\_\_ Bareboat or with a skipper? \_\_\_\_\_

Please include chartering details on a separate sheet.

What skills do you have that could prove useful aboard? (Culinary, medical, mechanical, etc.) \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

How would you rate your cooking skills? Excellent \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_ Non-existent \_\_\_\_\_

What is your favorite meal to prepare for others aboard a boat? \_\_\_\_\_ At home? \_\_\_\_\_

What are your food likes and dislikes? \_\_\_\_\_

Describe any food allergies and/or special dietary requirements \_\_\_\_\_

Do you smoke? \_\_\_\_\_, If so please do not apply until you have been smoke-free for 6 months.

For your application to be considered the attached forms must be completed, notarized, a copy of your passport and a photo attached and returned Mahina Expeditions with an application deposit of US\$500.

Application does not guarantee acceptance. Your application deposit will be returned promptly if the expeditions you requested are full or if your application is declined.

When your application and deposit are received, our office will send you acknowledgement and receipt. John Neal will contact you by email or phone upon reaching port to answer any questions.

If accepted, your second deposit, bringing the deposit total to 50% of the expedition cost will be due 15 days after your acceptance or by January 1<sup>st</sup> of the calendar of your expedition, whichever date is later.

A final payment, 50% of total, is due 150 days before the start of your expedition.

A \$250 fee is charged for any payments received seven days or more late. Payments more than 15 days overdue result in cancellation of your expedition berth and forfeiture of all monies paid to date.

Non-US applicants may pay by credit card or wire transfer. Contact our office for details: [sailing@mahina.com](mailto:sailing@mahina.com).

The cost of Mahina Sailing Expeditions includes: instruction, food, fuel, custom and port fees. It does not include your airfare, travel or accident insurance, visas, exit fees, personal or communication expenses.

Michael Henrichs, 1-877-429-5787, email: [michael.henrichs@dougfoxtravel.com](mailto:michael.henrichs@dougfoxtravel.com) has booked air and hotel for our expedition members for several years. Frequently he can provide the least expensive and most efficient bookings.

## MEDICAL QUESTIONNAIRE

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Day (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Expedition Leg \_\_\_\_\_ Year \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

MEDICAL HISTORY: Please explain all YES answers in detail, using an additional page if needed.

Do you have any existing medical conditions or problems? \_\_\_\_\_ If so, please describe \_\_\_\_\_

Have you been hospitalized in the past 5 years? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Do you take any medication regularly? \_\_\_\_\_ If so, what type and for what condition \_\_\_\_\_

What is your eyesight; uncorrected \_\_\_\_\_ corrected \_\_\_\_\_ How is your night vision? \_\_\_\_\_

Have you experienced seasickness? \_\_\_\_\_ What are the most uncomfortable sea conditions you've encountered? \_\_\_\_\_

Have you used prescription seasickness medications? \_\_\_\_\_ If so, what type(s)? \_\_\_\_\_

Have you suffered any gastrointestinal disturbances including colitis, IBS, ulcers or stomach problems?

If so, please describe. \_\_\_\_\_

Have you received counseling or medication for depression or any other psychological challenges? \_\_\_\_\_

If so, please describe. \_\_\_\_\_

Do you have any allergies, including allergic reaction to any drugs? \_\_\_\_\_ Which drugs and to what effect? \_\_\_\_\_

Have you been treated for alcohol or substance abuse? \_\_\_\_\_

Do you have, or have you ever been diagnosed as having: diabetes, epilepsy, high blood pressure, high cholesterol, cardiovascular disease, migraines, asthma or lung disease, any significant back, knee, foot or leg problems, or any other diseases or conditions? \_\_\_\_\_ If so, please explain. \_\_\_\_\_

Name of your physician \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

## MAHINA OFFSHORE EXPEDITIONS SHIPS ARTICLES

Mahina Offshore Expeditions are a cooperative venture by John Neal, Amanda Swan Neal and the expedition members participating on each leg.

**The goal to which we are dedicated to is simple and clear: To provide expedition members with a realistic and valuable experience, better preparing them for ocean voyaging.**

This application is designed to allow us to evaluate and select participants suitable for our expeditions. By being concise with our expectations and requirements, we aim to eliminate situations where misunderstandings occur.

It is understood that this is in no way a "crewed charter boat" where the focus is on luxury and pampering. Instead, it is a sailing expedition designed to give participants the most accurate and realistic view, through learning, of what ocean cruising entails.

- In the unlikely event that John Neal or Amanda Swan Neal unable to skipper any leg due to illness, a qualified replacement may act in their place.
- In the unlikely event this ship is unable to depart within seven days of the scheduled departure date of any expedition leg, Mahina Expeditions shall refund all monies received to date for that specific leg. I understand that this has never happened yet and that Mahina Tiare has always been in the port of departure at least 24 hours before the scheduled time of departure.
- John Neal and Amanda Swan Neal will do their best to run a happy ship, being pleasant and fair about dividing watches and duties, and will attempt to make the expedition interesting for all co-adventures by organizing shore expeditions, hikes, adventures, snorkeling, etc. when feasible.
- **We do not control the weather!** Weather patterns described in our brochure are averages based on our past observations, Pilot Charts and *World Cruising Routes*. Actual conditions experienced may vary from the average to calms, squalls, or gales.
- I understand that I may encounter heavy weather, uncomfortable and possibly frightening conditions, seasickness, sleep deprivation and constant motion.
- I understand that starting and ending dates and specified for the expedition are firm.
- I understand that the specified itinerary is subject to change due to circumstances beyond Mahina Expedition's control. These may include weather, sea conditions, customs clearance, national holidays and natural disasters. **The safety of the vessel and crew is our paramount concern.**
- I understand that the safety of the vessel and crew is of utmost importance and is a shared responsibility. To this end, I agree to:
  1. Be attentive during the safety orientation upon my arrival aboard Mahina Tiare, paying close attention to safety procedures explained, realizing that in an emergency all crew members must work together.
  2. Abide by safety rules during the expedition, including my wearing of a safety harness whenever I am on deck, regardless of sea conditions.
  3. Abstain from drinking alcohol while aboard. I agree not to overindulge in alcohol while ashore.
  4. Not bring aboard or consume and drugs considered illegal in the U.S. or any country visited. I agree to "Zero Tolerance" in regards to illegal drugs aboard or ashore.
  5. Be on deck ten minutes before the change of watch, no matter how I feel. I realize the importance of watch standing and steering being equally shared among participants and agree to do more than my share.
- I understand that there is a daily rotating ship's duty roster and that I will be assigned one or more of the following duties: captain, navigator, cooking and galley clean-up, head cleaning, deck rigging survey, vacuuming, cleaning of cockpit, dinghy and hull.
- I understand that when at anchor or in port there may be a revolving "port watch" in which one person remains aboard. They are responsible for the safety of the vessel, personal gear, and to ensure the mooring lines are secure and that the anchors are not dragging.

- I understand it is not possible to fix different meals for each person and I agree to eat what the cook serves. I understand the food will be nutritious, interesting and as varied as possible. I agree to take my turn in preparing, serving, and cleaning up meals.
- I agree to be responsible for my personal belongings and hygiene. I will respect each expedition member's berth as being their own space.
- I realize that we will be living in close quarters and that cooperation and consideration is key to a successful expedition.
- I understand that negativity is a demoralizing and potentially dangerous behavior and will attempt to be as helpful and positive as possible, even in difficult conditions.
- I understand that if I choose to leave the expedition early for any reason, no refund will be made.
- I understand that if I exhibit socially unacceptable or offensive behavior or am uncooperative to the general detriment of the spirit of the expedition, I will be repatriated to my home city at my expense from the first port where air transportation can be arranged. If I am repatriated for infringing on the rules of the Ship's Articles I will not seek redress or sue for any real or imagined damages.
- I understand that all expedition members will be signed on as crew, not passengers, and will be processed as crew in each country visited.

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Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Signed by applicant \_\_\_\_\_

This is to certify that \_\_\_\_\_ the above named applicant, personally appeared before me on the \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_, and said Applicant hereby acknowledges that he/she has read the foregoing Ship's Articles, understanding the contents thereof, and signed the same voluntarily for the purposes set forth therein.

Notary Public in and for the State, Province or Territory of \_\_\_\_\_ residing at \_\_\_\_\_

My commission expires: \_\_\_\_\_

Seal of Notary Public here:

## ACKNOWLEDGEMENT OF SWIMMING ABILITY

Your ability to swim in open ocean water is crucial to your survival in the event of an overboard occurrence. By signing this document, you hereby acknowledge that you can comfortably swim:

1. At least 50 yards in moderate open ocean water.
2. You can tread water for a minimum of 15 minutes in moderate open ocean water.

I \_\_\_\_\_ hereby acknowledge that I can swim at least 50 yards in moderate open ocean water and tread water for at least 15 minutes in moderate open ocean water.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## LATE PAYMENT POLICY

I, \_\_\_\_\_ agree to make payments on or before dates specified in the brochure and receipts. I agree to a \$250 late fee for any payment received seven days or more past the payment due date. Payments received more than 15 days late will result in cancellation of my application and the forfeiture of all monies paid to date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CANCELLATION POLICY

I \_\_\_\_\_ have read, understand and agree to the following cancellation policy;

Once I have received written acceptance to join this expedition, my \$500 application deposit becomes non-refundable. If for any reason my application is not accepted, I understand that my application deposit will be returned promptly.

If I give written notice of my cancellation more than 150 days prior to departure, I understand that if Mahina Expeditions is able to re-book my berth I will receive a full refund less the non-refundable \$500 application deposit.

I understand that within 150 days prior to departure, no refund or credit can be made for any reason including illness. I understand that there are no exceptions to this policy. I understand the importance of trip cancellation insurance and **(Please sign one)** Accept \_\_\_\_\_ **Reject** \_\_\_\_\_ the trip cancellation insurance offered me and viewable at the very end of: <http://www.mahina.com/expbroch.html> .

## TRAVEL, ACCIDENT AND SICKNESS INSURANCE

I understand the importance of Travel Accident and Sickness Insurance when traveling in foreign countries. I understand that medical treatment and evacuation may be expensive and would be my financial responsibility. I agree to seek professional medical help if requested to by the expedition leaders.

My existing insurance **(Please sign one)** Does \_\_\_\_\_ **Does Not** \_\_\_\_\_ cover travel accident and sickness.

I have been offered this optional insurance, viewable at the end of

<http://www.mahina.com/expbroch.html> which I **(Please sign one)** Accept \_\_\_\_\_ **Reject** \_\_\_\_\_

## PHOTO RELEASE

I, \_\_\_\_\_ hereby agree to give Mahina Expeditions the use of photos or video footage of me in books, articles, catalogs, television programs or brochures without compensation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ASSUMPTION OF RISK

Completion of this form is required for each person joining Mahina Tiare Sailing Expeditions. Please read carefully before signing and having notarized. By signing this Agreement, each person participating in a sailing expedition/passage waives all claims against John Neal d/b/a Mahina Expeditions, and any reservation/booking agent for injury, accident, illness or death during or by reason of their joining a passage on the sailing vessel Mahina Tiare III.

I, \_\_\_\_\_ (Name of Applicant) DO HEREBY ACKNOWLEDGE that I am aware that during the expedition in which I will be participating, certain risks and dangers may arise, including but not limited to, the hazards of traveling on the open sea, falling overboard, storms, high winds, collision of vessels, shipwreck, travel ashore in remote terrain, the forces of nature, and accident or illness in remote regions without means of rapid evacuation or medical facilities. I am also aware and clearly understand that **John Neal and Amanda Swan Neal d/b/a Mahina Expeditions** will have no liability regarding provision of medical care or the adequacy of any care that may be rendered.

I have read the Ship's Articles supplied to me by Mahina Expeditions, and agree to abide by these rules on board or ashore, for the duration of the expedition.

I understand that although Mahina Expeditions may make suggestions as to air carriers and travel agents, they assume no liability for injury, damage, delay, irregularity or loss of baggage relating to airline travel.

In consideration of the Agreement with Mahina Expeditions to participate in this expedition, I hereby agree that I will assume all risk of this trip and I will not make any claims against Mahina Expeditions or sue for bodily injury, emotional trauma, death and/or property damage resulting from negligence or unseaworthiness of the vessel, or other acts, however caused, as a result of my participation in this expedition. I, therefore, release, indemnify and discharge Mahina Expeditions and its booking agents and employees from all claims, actions and demands that I may have for bodily injury, death or property damage arising from my participation in the expedition.  
\_\_\_\_\_  
(Applicant's Signature).

This RELEASE OF LIABILITY, AGREEMENT TO HOLD HARMLESS AND INDEMNIFY, AND ASSUMPTION OF RISK Agreement is entered into on behalf of all members of my family, including any minors accompanying me. If any person who accompanies me on this trip as part of my family makes claim, or if a claim is made on their behalf, my estate or I will indemnify and hold harmless Mahina Expeditions from any loss, including reasonable attorney's fees incurred in the defense of such claim.

This Agreement is binding upon my heirs, legal representative and assigns. If any portion of this Agreement is unenforceable, the remaining portions shall remain in full force and effect. All applicants are subject to acceptance by Mahina Expeditions.

This Agreement shall be deemed to have been entered into at Friday Harbor, Washington, and shall be construed and interpreted according to the laws of the State of Washington. In the unlikely event a legal dispute should arise, I agree the dispute shall exclusively be brought before the appropriate court in San Juan County, in the State of Washington.

I have carefully read this and understand its terms. I execute it voluntarily and with full knowledge of its significance.

Dated this \_\_\_\_\_ day \_\_\_\_\_ 20\_\_\_\_\_  
Signed by applicant

This is to certify that \_\_\_\_\_, the above-named Applicant, personally appeared before

me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, and said Applicant hereby acknowledges that he/she has read the foregoing Release of Liability, Agreement to Hold Harmless and Indemnify, and Assumption of Risk, understand the contents thereof and signed the same voluntarily for the purposes set forth therein.

Notary Public Seal

\_\_\_\_\_  
Notary Public in and for the State, Province or Territory of \_\_\_\_\_  
residing at \_\_\_\_\_  
My commission expires: \_\_\_\_\_

## **COPY OF PASSPORT PHOTO PAGE**

Please attach a copy of your passport photo page here.  
This is very important!

## **PHOTOGRAPH**

Please attach a recent photograph of yourself here.

## **APPLICATION DEPOSIT**

Please attach \$500 application deposit here. For non-US residents, please contact our office to arrange payment by credit card or wire transfer.  
V2.11

This Application must be completed, notarized and have a copy of your passport photo page and a deposit check attached for it to be considered. Thank you.



***P.O Box 1596 • Friday Harbor • WA 98250 • USA***

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