

WAIVER OF LIABILITY AND ACKNOWLEDGEMENT OF CRUISE LINE’S “INFANT POLICY”

Guest Name: _____

Infant Name: _____ **Date of Birth:** _____

Infant Name: _____ **Date of Birth:** _____

SAILING: Ship: _____ **Sail Date:** _____ **Booking #:** _____

NOTICE: THE CRUISE LINE’S POLICY STATES THAT THE MINIMUM AGE FOR INFANTS TO SAIL IS 6 MONTHS (AS OF DATE OF SAILING) AND 12 MONTHS (AS OF DATE OF SAILING) FOR TRANSATLANTIC, TRANSPACIFIC, HAWAII, SELECTED SOUTH AMERICAN CRUISES AND OTHER SELECTED CRUISES. BASED ON YOUR TRAVEL DOCUMENTATION, THE INFANT(S) LISTED ABOVE DOES NOT MEET THESE MINIMUM AGE REQUIREMENTS FOR YOUR SAILING. THE CRUISE LINE RECOMMENDS THAT THIS INFANT NOT SAIL ON THIS CRUISE IN CONSIDERATION OF THE LIMITATIONS OF THE SHIPBOARD MEDICAL FACILITY, STAFF, EQUIPMENT AND MEDICATIONS NECESSARY TO ACCOMMODATE AN INFANT BELOW THESE AGES IN THE EVENT OF A MEDICAL EMERGENCY AT SEA

AS THIS POLICY REPRESENTS A CHANGE FROM OUR PREVIOUS POLICY, WE ARE PROVIDING A GRACE PERIOD FOR GUESTS WHO HAD BOOKED THEIR CRUISE WHEN THE OLD POLICY WAS IN PLACE PROVIDED THE GUEST SIGNS AND RETURNS TO US THIS WAIVER AND ACKNOWLEDGEMENT. PLEASE RETURN THE SIGNED COPY VIA FAX TO 01932-820603 OR VIA POST TO THE FOLLOWING ADDRESS: ROYAL CARIBBEAN INTERNATIONAL, OPERATIONS SUPPORT UNIT, BUILDING 2, AVIATOR PARK, STATION ROAD, ADDESTONE, SURREY, KT15 2PG

It has come to our attention that a child in your party will not meet the minimum age requirements for infants to travel as above.

Due to the limitations of the ship's medical staff, equipment and medications which may become necessary and of vital importance to the health and well-being of your infant should he/she require emergency medical treatment during your cruise - we recommend that you not proceed with your cruise at this time.

In order to assist you with this decision, we also recommend that you immediately contact your infant’s primary care doctor, to provide him/her with the opportunity to explain in detail all the risks that your child may be subject to should you elect to proceed with your cruise.

To mitigate financial concerns you may have related to a delay in your cruise date, we have offered to you and your immediate party with whom you are travelling (up to a maximum total of 2 staterooms) a refund for all monies paid (in the form of a Letter of Credit), waiver of any cruise line imposed cruise cancellation charges, as well as assistance with re-booking your cruise at a more appropriate time in the future when your infant(s) satisfy the applicable minimum age requirements.

Against our recommendations, you have elected to proceed with your cruise as planned. In consideration of the Cruise Line permitting you proceed with your cruise in light of all risks, including those described to you by your doctor, your signature below shall confirm your knowing and intelligent waiver and agreement not to hold the Cruise Line, its parent(s), subsidiaries and affiliates, it's ship(s), directors, officers, agents, employees, or independently contracted physicians and nurses in any way legally liable or responsible for any/all direct or indirect injury, damages or death(s) resulting from your decision.

Thank you,

Authorised Cruise Line Representative(Sign and print)

Date

Parental/Authorised Guardian Agreement/Acknowledgement/Signature

Date

Spouse/Father of Infant Agreement/Acknowledgement/Signature

Date

PLEASE RETURN SIGNED COPY VIA FAX 01932 820603