Grand Celebration

MINOR TRAVELERS SAILING WITHOUT A LEGAL GUARDIAN

Please take into account the following guidelines:
1) Guests must be 18 to travel. Guests under the age of 18 must be accompanied by an adult who is the parent, relative, legal guardian of the minor, and/or have the express written permission of the minor's parent or guardian allowing travel. **2)** The legal drinking age is 21 in U.S. waters and 18 in International Waters; this is strictly enforced. We do not permit the purchase of bottles of liquor by any minor. **3)** Guests under the age of 18 years must have adult supervision. **4)** Possession of alcohol by a minor will not be tolerated and any found will be confiscated. **5)** Purchase, possession and/or consumption of drugs are illegal. **6)** No abusive, offensive or vulgar language or behavior should be directed to other guests or to staff and crew. **7)** Large radios ("boom boxes") are not permitted onboard. **8)** Headphones must be used with radios on deck. **9)** No running on board the vessel. **10)** No noise in cabin areas or corridors. **11)** Must follow the shipboard rules and instructions.

PARENT /GUARDIAN ACKNOWLEDGMENT

I/We hereby give permission for the named passenger to take part in a cruise vacation onboard the MS Grand Celebration, pursuant to the vessels contract of carriage or passage ticket, which is incorporated by reference herein. I/We have read and understand the guidelines and rules of conduct for minors while traveling. I/We also understand the guidelines and rules must be followed to provide safety, security and enjoyment for all guests aboard, including my/our child/ward. I/We understand that failure to comply with these guidelines will result in the offender(s) being removed from the ship at the next port of call to make their own way home. As an alternative, the disruptive guest(s) may be confined by ship security to their cabin for the duration of the cruise.

_____	_____	_____	_____
Passenger Name	**Sail Date**	**Reservation No**	**Parent/Legal Guardian/Responsible Person** (Print Name)

_____ _____
Signature **Date**

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child should become ill or injured, I/We hereby authorize a physician and/or medical facility (including Cruise Line, its employees, agents, concessionaires and independent contractors) to administer emergency medical treatment necessary for the health and safety of my child. Initial Here ☐

Specify any health problems that any physician and/or medical facility (including Cruise Line, its employees, agents, concessionaires and independent contractors) should know about:

_____
_____
_____

Specific restrictions on medical treatment for this child for either medical reasons (allergies, medication sensitivities, etc.) or religious reasons are specifically detailed as follows:

_____
_____
_____

STATE OF: _____ **COUNTY OF:** _____

The foregoing instrument was acknowledged before me this_____day of_____, 20____, by_____.

_____
Notary Seal: Signature of Notary Public

_____
My Commission Expires

Personally known_____or Produced Identification_____Type of Identification Produced_____.