父母/监护人授权声明协议 PARENT / GUARDIAN CONSENT & RELEASE FORM

诺唯真游轮 上海市虹口区吴淞路575号虹口SOHO2902室 如有疑问,请致电: 400-600-6780 Norwegian Cruise Line, 2902, Hongkou SOHO, 575 Wu Song Road, Hongkou District, Shanghai Toll free number: 400-600-6780

如果未成年人没有至少一个父母监护人陪同旅行,请务必填写这个协议。

请务必在登船之前将该协议与有效身份证件上交。

请注意:法定监护人(父母)双方都须填写并签署该协议,并附上有效身份证件。拥有相同法定监护人(父母)的未成年人会被一起写在该协议中。 在访问加拿大港口时,根据加拿大法律除此协议外还需一封授权信。(请到www.ncl.com查询阿拉斯加及太平洋沿岸航线关于加拿大港口的信息)

未成年人姓名(以官方证件为准):

1		2				
3						
地址						
					 邮编	
出生日期: 1	2		3			
护照号: 1	2		3			
船名:	开航日期:		预定号:			
船舱号:						
鉴于拥有上述未成年人抚养权	2和监护权的					
		(监护人或父母	姓名)			
全权同意,在		同人员姓名			_ 陪同并愿意对未成	〔随行陪
在审议缔约方的共同事业和其 签署人在此同意并授权其未成 理。 签署人进一步同意完全负责一 产生的费用。 签署人应使所有个人或实体(成本及费用(包括律师费), 签署人申明客人船票合同中的 签署人承认该授权声明协议是	人乘客的声明,同意免除诺唯具 他有益且有价值的考虑,确认我 年人在搭乘诺唯真游轮时,只有 切对未成年人进行诊断,护理和 包括但不局限与其他乘客,诺唯 不论未成年人是否 有意所为。	在分接受和承认,签署 有依据随船医护人员的 印治疗所产生的医疗素 真游轮和其员工)不受 所述条款后在自由、自	臀的条款如下: 约意见在必要或恰当自 费用,包括空中急救, :到由于未成年人	的情况下,对未成年 ,如有必要,诺唯真 的行为或疏忽造成		医疗所
达成于	年	月 _		月		
父母/监护人		(姓名)			(签名)	
父母/监护人		(姓名)			(签名)	

父母或监护人双方都务必完成并签署此协议,同时附上其有效身份证件的复印件。

父母/监护人授权声明协议 PARENT / GUARDIAN CONSENT & RELEASE FORM

诺唯真游轮 上海市虹口区吴淞路575号虹口SOHO2902室 如有疑问,请致电: 400-600-6780 Norwegian Cruise Line, 2902, Hongkou SOHO, 575 Wu Song Road, Hongkou District, Shanghai Toll free number: 400-600-6780

This form must be completed if a minor is not traveling with at least one parent guardian. This form must be presented at the pier during embarkation with the required identification attached.

PLEASE NOTE: Both living parents/legal guardians must sign and complete this form and attach a copy of his/her driver's license or other government issued identification. Minors of the same parent(s)/legal guardian(s) may be listed on the same form.

If visiting a Canadian port (which may include Alaska/Pacific Coastal Itneraries-check www.ncl.com for details), Canadian Law requires a separate letter of authorization in addition to this form.

Minor's Name (as appears on birth certificate):

1		2			
3					
Address					
				Zip Code	
Date of Birth: 1	2	3			
Passport Number: 1	2		3		
Ship Name:	Sail Date:	Rese	ervation #:		
Stateroom:					
who currently has / have care and cus Line (Norwegian) vessel, while accom (name of adult(s) accompanying MING wegian vessel, and WHEREAS, the u release and indemnify Norwegian and any and all liability caused by said MII In consideration of the mutual underta edged, the undersigned covenant(s) a The undersigned hereby authorize(s) consent(s) to the examination, diagno medical personnel acting under his or The undersigned further agree(s) to b NOR(s), including emergency air amb for any and all costs or expenses incu The undersigned shall indemnify and penses (including reasonable attorney vessels due to any act or omission of The undersigned affirm(s) that the ter The undersigned acknowledges that t and understand(s) this consent and re The undersigned affirm(s) that all info	panied by DR(s)) who has/have agreed to b ndersigned hereby consent(s) to l its vessels from and against NOR(s). akings of the parties and other go and agree(s) as follows: and consent(s) to the MINOR(s) sis, treatment and care rendered her supervision, may be necess e fully responsible for any and al pulance evacuation, if necessary, urred as a result of the medical tre hold Norwegian and its vessels h y's fees) suffered by any person of the MINOR(s) while on board a N ms and conditions stated in the g he execution of this consent and elease and fully agree(s) to each rmation provided on or in connect	be responsible for the MIN the above-mentioned MI bod and valuable consider sailing on board a Norwe d to the MINOR(s) which, ary or appropriate under and to indemnify and hol eatment of the MINOR(s) harmless from any and all or entity, including, but no Norwegian vessel, whethe guest ticket contract have release was freely and v and every term contained ction with this consent and	NOR(s) while trav NOR'S passage rations, the receip egian vessel and in the sole opinio the circumstance ciated with the dia ld Norwegian and bodily injury, dea to limited to, other er intentional or n been accepted b roluntarily made a d therein. d release form is	velling on board the above listed No on a Norwegian vessel and agree(pt and sufficiency of which are ackr further hereby authorize(s) and on of the ship's physician or any oth es. agnosis, care and treatment of the d its vessels harmless from any liab ath, property damage, cost and ex- r guests, Norwegian, its employees not. by all parties. and that the undersigned has/have true and correct.	or- (s) to nowl- her MI- pility - s and
Executed on the					
Parent/Guardian*				Signature	

*Both parents/legal guardians must sign and complete this form and attach a copy of his/her driver's license or other government issued identification.