



MINOR CONSENT FORM (MCF)

Form No.02-MCF Dist - Pub Rev - 2018 Apr 16

Instructions

- 1. This form must be notarized to be valid.
2. This ORIGINAL notarized document must be presented upon check-in.

Please consider the following guidelines

- 1. Guest must be 18 to travel. Guest 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 US waters and 18 in International waters; this is strictly enforced. We do not permit the purchase of bottles of liquor by any minor.
3. Possession of alcohol by a minor will not be tolerated and any found will be confiscated.
4. Guest under the age of 18 must have adult supervision.
5. Purchase, possession and/or consumption of drugs are illegal.
6. No abusive, offensive or vulgar language or behavior should be directed to other guest 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 onboard the vessel.
10. No noise in cabin areas or corridors
11. Must follow the shipboard rules and instructions.

PARENT/GUARDIAN ACKNOWLEDGEMENT

I/We hereby give permission for the named passenger to take part in a cruise vacation onboard the above-named vessel and sailing date, 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 of all guests onboard, 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.

Table with 5 columns: PRINT Passenger (MINOR) Name, Ship, Sail Date, Reservation No., PRINT Parent/Legal Guardian/Responsible Person Name. Includes fields for Phone Number, Date, and SIGNATURE.

AUTHORIZATION FOR MEDICAL TREATMENT

If my child should become ill or injured, I hereby authorize a physician and/or personnel medical facility aboard the vessel, the chaperone for group, or Paradise Cruise Line Operator, Ltd., its employees, agents, concessionaire and/or independent contractor, to administer or arrange for medical treatment for the health and safety of my child, including referral to a shoreside physician or medical facility. I also agree to be responsible for payment of any such treatment.

Initial Here

Specify any health problems that any physician and/or medical facility 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 Know _____ or Produced Identification _____ Type of Identification Produced _____.