

# AUTHORIZATION FOR MINOR TO TRAVEL WITHOUT A PARENT or LEGAL GUARDIAN

This form must be completed for minors (under age 18) traveling without a parent or legal guardian

I/We (the parent(s) or legal guardian(s) of the below named minor(s)) have duly authorized and designated the adult named below ("Designee") to have care, custody and control of the minor(s) and to act as the healthcare surrogate for the minor(s) in connection with and while on the Disney Cruise Line ("DCL") vacation indicated below ("DCL Vacation"). I/We represent and warrant that the Designee has accepted and agreed to the designation and authorization. The authorization and designation was in effect at the time the DCL Vacation reservation was made for the minor(s).

The authorization and designation permits the Designee to have access to all information and make all decisions relating to the minor(s) in connection with and while on the DCL Vacation, including, but not limited to, making health care decisions (including authorizing testing the minor(s) for COVID-19 or the provision of medical care), signing consents and waivers for the minor(s) to participate in any activities requiring a consents or waiver, and having access to or providing consent for the disclosure of personal health information of the minor(s). I/we represent and warrant that the Designee has, in all respects, the authority to act on my/our behalf with respect to matters relating to the minor(s) and the DCL Vacation, including, but not limited to, providing information, consents, waivers, documentation or any other matters/items requested by DCL and/or its contractors or vendors for the minor(s) to participate in the DCL Vacation and while on the DCL Vacation. I/We agree to provide any further information or documentation as may be requested by DCL regarding the Designee's authorization or designation.

In exchange for allowing the minor(s) to board a DCL vessel with the Designee, I/we understand that I/we shall be responsible for all costs, expenses, fees or damages incurred by or caused by my Minor(s). I/We shall indemnify and hold DCL and its vessels harmless from any and all bodily injury, death, property damage, cost and expenses (including reasonable attorney's fees) suffered by any person or entity, including, but not limited to, other guests, DCL, its employees and vessels due to any act or omission of the minor(s) while on board a DCL vessel, whether intentional or not. By signing below, the undersigned also affirm(s) that I/we have read and accepted the terms and conditions stated in the DCL cruise contract on my/our own behalf and on behalf of the minor(s).

**DCL VACATION INFORMATION:** Sail Date: \_\_\_\_\_ Reservation No.: \_\_\_\_\_

\_\_\_\_\_  
Print Name of **Minor** (Age \_\_\_\_\_) \_\_\_\_\_ (Age \_\_\_\_\_)  
Print Name of **Minor**

\_\_\_\_\_  
Print Name of **Designee** Address: \_\_\_\_\_

\_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

The undersigned affirm(s), represent(s) and warrant(s) that all information provided on or in connection with this form is true and correct. DCL reserves the right to cancel the reservations and/or deny embarkation to the minor(s) if this form is not properly completed or executed.

**NOTE: BOTH parents must sign if they have joint custody of the minor(s)**

Date: \_\_\_\_\_, 202\_\_\_\_

\_\_\_\_\_  
(Signature of **Parent or Legal Guardian**)

\_\_\_\_\_  
(Signature of **Parent or Legal Guardian**)

\_\_\_\_\_  
(Print Name of **Parent or Legal Guardian**)

\_\_\_\_\_  
(Print Name of **Parent or Legal Guardian**)

Contact Information – Address: \_\_\_\_\_

\_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_