Guest Special Needs Form

Guest's Name: ________________________________  Reservation ID: ______________

**Azamara Club Cruises** will operate and organize your cruise aboard one of our ships. In order to maximize your cruise vacation experience, Azamara Club Cruises requires some of your data concerning required accommodations due to your disability or special needs.

For this purpose, we ask you to inform us of any accommodations needed due to your disability, special needs or dietary restrictions with the following Special Needs Form and to give us your consent for the respective use of this data:

We will use your data to adapt your cruise to your special needs. The specific use of your data depends on your needs and indications made in the Special Needs Form. For example, this use could include informing certain crew members of your mobility or dietary issues or that you may bring along a service dog or preparing special meals to meet your dietary requirements.

If you have booked a shore side tour or excursion, we will share your information with responsible tour operators if and to the extent necessary to enable your participation in the tour or to adapt the tour to your needs.

When we transfer your personal data to tour operators outside the EU/EEA, the laws and rules that protect your data, in such countries, may be different (or less protective) from your own country. For example, the circumstances in which law enforcement can access your personal data may vary from country to country. Of course, we will only share your data with tour operators that meet our strict requirements regarding the processing of your personal data.

Your consent declaration is **completely voluntary** and you may **revoke your consent** at any time. If you withhold or revoke your consent, this will not have any negative consequences for you. However, in this case, Azamara Club Cruises will not be able to adjust your cruise to your special needs and you may not be able to partake in a shore side tour or excursion. You may revoke your consent by email. Your revocation will not impact the legitimacy of the previous submission and the use of your data based on your initial declaration of consent.

You can find all further information on the processing of your personal data including your rights to access, rectification and erasure of your data in the most actual version of our [www.azamaraclubcruises.com/privacy-policy](http://www.azamaraclubcruises.com/privacy-policy).

(1) I consent to the processing of data to adapt the cruise to my needs   **YES**    **NO**

(2) I consent to the transfer of data to tour operators in third countries outside the EU / EEA  **YES**    **NO**
Guest Special Needs Form

Guest's Name: ________________________________  Reservation ID: _____________

Ship: ________________________________________  Departure Date: _____________
E-mail: _______________________________________  Telephone: _________________

Please complete this form and e-mail to Special_Needs@AzamaraClubCruises.com within 72 hours, but no later than 30 days prior to sailing (60 days if you are requesting sign language interpreting services). If it is within 30 days, please submit the form and we will make a reasonable effort to accommodate your request. If there is a request not listed on this form, please use the OTHER field to make your request.

This form also applies to Cruisetours so we can better accommodate your needs during your Cruisetour.
For more information, see www.AzamaraClubCruises.com/Access

Mobility

☐ Wheelchair assistance at the pier  ☐ Cannot ascend/descend steps into a bus/motor coach

Note: Accessible transportation (with either a lift or ramp) will be provided if you are a Cruisetour guest, or have purchased cruise only transfers. Accessible transportation may be limited or not available outside the U.S.

Equipment
Please complete all dimensions so we may ensure that your device can be accommodated in the stateroom and if applicable, for transfers and shore excursions.

<table>
<thead>
<tr>
<th>Are you bringing a…</th>
<th>Is it…</th>
<th>Battery type?</th>
<th>Equipment Dimensions</th>
<th>Combined Dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual wheelchair</td>
<td>Folding</td>
<td>Gel</td>
<td>Width: _____</td>
<td>(guest &amp; equipment)</td>
</tr>
<tr>
<td>Power wheelchair</td>
<td>Non-folding</td>
<td>Dry</td>
<td>Length: ___</td>
<td>Height : ___</td>
</tr>
<tr>
<td>Mobility Scooter</td>
<td></td>
<td>Wet</td>
<td>Height: ___</td>
<td>Weight (lbs): _____</td>
</tr>
</tbody>
</table>

Note: At certain ports of call, gangway and tender conditions may make it difficult for equipment to be taken on or off the ship. Power wheelchairs and mobility scooters may not be taken on tenders unless roll-on capability is available. For more information see www.AzamaraClubCruises.com/TenderAccess

Stateroom Accommodations (on the ship)

Accessible stateroom with roll-in shower required?  ☐ Yes  ☐ No

If you already have an accessible stateroom, please sign below:
I require an accessible stateroom because I have a mobility disability or other disability that requires the use of the accessible features that are provided in the stateroom. Signature: __________________________________________

☐ Raised toilet seat  ☐ Shower stool  ☐ Commode chair

Hotel Room Accommodations (for pre/post-cruise hotels and Cruisetours, based on availability)

☐ Accessible hotel room with roll-in shower  ☐ Accessible hotel room with tub

Accessible Shore Excursions

Would you like to book accessible shore excursions?  ☐ Yes  ☐ No

If yes, contact our Accessible Shore Excursions team at shorexaccess@rccl.com to arrange your excursions.

Can you do minimal walking?  ☐ Yes  ☐ No  Distance: ____________

Are you traveling with a companion who can assist you?  ☐ Yes  ☐ No

Are you able to transfer from wheelchair to a seat?  ☐ Yes  ☐ No
Guest Special Needs Form

Guest's Name: ________________________________  Reservation ID: ______________

Note: The above information will be passed along to our Accessible Shore Excursions team. Be sure to complete the Equipment Section above so we can ensure the tour operator will be able to accommodate your device.
Guest's Name: ________________________________  Reservation ID: ______________

Low Vision / Blind

☐ Large Print menus and daily activity planners  ☐ Blind  ☐ Low Vision

Service Dog

☐ Bringing a service dog  ☐ Prefer sod if available

**Policies:** Guests are responsible for obtaining required permits for service dogs to depart the ship in non-U.S. ports. A copy of these permits must be carried with you onboard the ship. A 4 foot by 4 foot relief area with cypress mulch will be provided. Sod for cruises from the U.S. can be provided if ordered in advance – please specify above.

Hard of Hearing / Deaf

Sign language interpreting services  ☐ TTY (teletypewriter) in stateroom  ☐ Stateroom visual-tactile alert
☐ ASL (American Sign Language)  (and hotel room in U.S. only)  system for door knocking, smoke
☐ Tactile  ☐ Assistive Listening Device  detector and telephone ringing

**Policies:** Requests for sign language interpreting services should be made at time of booking, but no later than 60 days prior to sailing. Please note requests are subject to availability of interpreters. Sign language interpreting services are provided on cruises to and from the U.S. and Canada, however SSP (Support Service Provider) services are not provided.

Medication

☐ Refrigerator in your stateroom  ☐ Sharp’s Container for syringe disposal

Oxygen

☐ Bringing oxygen onboard  ☐ Oxygen delivered by an outside vendor

Vendor Name / Phone Number / Fax Number ________________________________

Sleep Apnea

☐ Bringing a CPAP or BIPAP machine (distilled water and extension cord will be provided)

Dialysis

☐ Require Peritoneal Dialysis. Supplies delivered by an outside vendor.

Vendor Name / Phone Number / Fax Number ________________________________

**Note:** If you require hemo-dialysis, please contact our Access Department for assistance.

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1 Charges for distilled water may apply for Cruisetours outside the U.S.
Guest Special Needs Form

Guest’s Name: ________________________________  Reservation ID: ______________

Medical Related Dietary Requests
☐ Regular Soy Milk  ☐ Regular Lactose-free Milk  ☐ Vanilla Ensure® Qty ___ cans (8-fl oz)

Pregnant Guests
☐ I am ____ weeks pregnant
Policy: Pregnant guests must be under 24 weeks. See www.AzamaraClubCruises.com/PregnancyPolicy

Infants
☐ I have an infant that is ____ months old
Policy: Infants must be at least 6 months old on most cruises (12 months on select cruises). For more information, see www.AzamaraClubCruises.com/AgePolicy

Other Disability Related Needs including Allergies (food and non-food related)
Please note we are unable to guarantee an allergy-free environment, however we can make reasonable accommodation(s) for your allergies. Not all disability and dietary requests may be able to be accommodated.

______________________________________________________________________________
______________________________________________________________________________

Please contact our Access Department if you have any questions. Thank you and we look forward to welcoming you onboard!

Special_Needs@AzamaraClubCruises.com
(866) 592-7225 or (954) 628-9708
Monday – Friday 9 AM to 6 PM (Eastern Time)
Fax: (954) 628-9622

IMPORTANT NOTE FOR CRUISETOURS GUESTS – Europe, Canada and all Exotic Cruisetours are not wheelchair accessible. Therefore, we will not be able to accommodate guests that are full-time wheelchair users. If guests, who utilize a wheelchair, can climb several steps to get into the motor coaches and can maneuver in a regular hotel room (as opposed to wheelchair accessible rooms), they may be accommodated. Parts of these Cruisetours may require extended periods of walking over uneven surfaces and/or steep terrain, as well as extended periods of standing and steps. If you have questions regarding Cruisetour accessibility in relation to your specific needs, please contact our Access Department.