**LETTER OF INDEMNITY**

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| Ship: |  | Voyage No.: |  |
| Position/Port: |  | | |
| Passenger's Name: |  | | |
| Home Address: |  | | |

I understand and agree that:

- The Ship's Doctor and Captain have advised me that, due to the nature of my medical problem and the non-availability onboard of the special care and medical facilities required to treat my problem, I should seek medical treatment at a hospital ashore.

- I have also been advised that the Ship's Doctor can only render service and care as the ship’s medical facilities permit, if I remain on the ship and continue the cruise.

- I hereby agree that no claim of any nature will be made for damages, injuries or illnesses of any nature against the Ship, the Ship's Owners, Operator, Tour Operator, Captain, Doctor or any other staff as a result of my decision to remain onboard the ship.

- I am willing to assume all the risk thereof without recourse against any of the foregoing persons or entities.

- If any provision in this letter of indemnity is held to be invalid by any court or arbitrator, such invalidity shall attach only to such provision. The validity of the remaining provision shall not be affected thereby and carried out as if such invalid provision were not contained herein.

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| Passenger |  | Date: |  |
|  | Signature: |  |  |
| Spouse |  | Date: |  |
|  | Signature: |  |  |
| Witness |  | Witness |  |
|  | Signature: |  | Signature: |
| Address: |  | Address: |  |

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| Ship's Doctor | | Captain | | Staff Captain | |