



## 特殊声明 Special Statement

MSC 地中海邮轮公司非常重视乘客的需求, 并不懈努力致力于按照国际标准为我们的客人提供最好的服务。为使我们能够提供符合您特殊要求的服务, 我们恳请您仔细阅读本表, 并在预订时填写妥当。我们按照您的特殊需要为您的邮轮之旅提前做好准备, 尽可能为您提供最舒适的出行体验, 并且为您在邮轮旅行中可能遇到的困难做好相应的安排。请您确保本表格的内容填写准确无误, 如有问题我们建议您联系您的旅行社以获得最新信息。

MSC Cruises is sensitive to its passengers' needs and constantly strives to offer the best possible service in accordance with all the relevant international standards. To enable us to provide a service that is tailored to your particular requirements, we kindly ask you to read this form carefully and duly complete it at the time of booking. This will allow us to prearrange your arrival on board so that your accommodation is as comfortable as possible, and to inform you about life on board your chosen vessel and any potential difficulties you may encounter. Every effort has been made to ensure that the content of this form is accurate; however, MSC Cruises advises you to check with your travel agent for the most up to date information.

**若乘客为未成年人或残疾人且其随行监护人并非其法定监护人的, 随行监护人必须完成并签署本特殊声明。**  
**If the passenger is a minor and/or incapable and his/her accompanying guardian is not the legal guardian, this Special Statement must be fulfilled and signed by the accompany guardian.**

### 乘客详细信息 PASSENGER DETAILS

预订号码 BOOKING Nr.: ..... 申请人的姓名 APPLICANT'S NAME AND SURNAME: .....

出生日期和出生地 DATE AND PLACE OF BIRTH:.....

联系地址 ADDRESS: .....

联系方式(电话、电子邮件等) CONTACT DETAILS (phone, e-mail, etc.): .....

护工姓名(如有要求) NAME AND SURNAME OF THE HELPER (if required):.....

注: 是否需要护工可以根据乘客的自理程度和选择的舱房来定。

N.B.: A helper may be necessary depending on the passenger's degree of autonomy and chosen accommodation.

### 随行监护人详细信息 ACCOMPANYING GUARDIAN DETAILS

注: 如果申请人是未成年人或残疾人(统称为“被监护人”), 此表格应由负有监护责任的随行监护人填写并签署, 且须提供法定监护人出具的授权声明信(见附件)。

N.B.: If the applicant is a minor and/or incapable (collectively “Ward”), this form should be completed and signed by the accompanying guardian having authorized parental responsibility, and the Letter of Authorization and Statement from legal guardian must be provided (see the attachment).

姓名 NAME AND SURNAME: .....

护照/证件号 PASSPORT/LICENSE NO.: .....

联系地址 ADDRESS: .....

家庭地址 ADDRESS: .....



家庭电话 HOME TEL: .....

工作电话 WORK TEL: .....

手机 CELL: .....

随行监护人应承诺并保证其所提供的授权声明信为法定监护人和其本人亲笔有效签署的函件。随行监护人将尽一切法定监护人应尽之义务监护被监护人的人身和财产安全, 并将尽一切最大的努力和审慎来行使监护被监护人的职责, 包括但不限于允许未成年人在无监护人/随行监护人陪伴的情况下独自下岸进行岸上观光以及对该被监护人的所有行为承担责任。如果前述承诺虚假或有所隐瞒而导致MSC地中海邮轮公司有任何损失的, 随行监护人将承担全部的责任。

The accompanying guardian shall guarantee and promise that the Letter of Authorization and Statement provided by him/her has been duly signed by legal guardian and the accompanying guardian. The accompanying guardian will fulfill all the liabilities of the legal guardian to protect the personal and property safety of the Ward and will use all his/her endeavor and prudence to fulfill his/her liabilities to guard the Ward, including but not limited to allow minors to attend shore side excursion without companionship of guardian/accompanying guardian and bear the liabilities of all behaviors of the Ward. The accompanying guardian will be fully liable for any loss of MSC if due to the falsehood and omission of the above guarantee.

### 邮轮详情信息 CRUISE DETAILS

邮轮名称 VESSEL: ..... 出发日期 DATE OF DEPARTURE:.....

套餐 DESCRIPTION OF PACKAGE..... 舱房号码 CABIN Nr.: .....

是否需要残疾人舱 DISABLED CABIN REQUESTED: 是  YES 否  NO

MSC强烈建议行动不便的乘客, 无论您是何种程度或者类型的行动不便, 请申请并选择特殊房型入住, 普通房型可能会造成您的行动困难和不便。

MSC Cruises strongly recommends that passengers with reduced mobility – regardless of the type and severity of their condition – request accommodation in a specially-equipped cabin, because using an ordinary cabin could cause difficulties and inconvenience.

### 医疗详情信息 MEDICAL DETAILS

适合邮轮旅行的医疗证明

MEDICAL CERTIFICATE OF FITNESS TO TRAVEL ON THE CRUISE TRIP: ..... 是  YES 否  NO  
(以及航空旅行, 如适用 and if applicable on the flight)

疾病 (名称) ILLNESS(ES): .....

登船所需的治疗 MEDICAL TREATMENT REQUIRED ON BOARD:.....

需要携带上船的辅助/医疗设备 AIDS/EQUIPMENT TO BE TAKEN ON BOARD: .....

MSC 地中海邮轮公司提醒您, 船上医疗设备有限, 携带任何您在邮轮上可能需要的药物和/或设备是您自己的责任和义务。同时, 您遵照您自己医生医嘱服用药物和在船上医疗中心进行任何其他必要治疗亦为您自己的责任和义务。承运人不承担任何相关责任。我们强烈建议您在您的手提行李中携带您需要用到的药品和/或医疗设备。

MSC Cruises reminds you that it is your exclusive duty and responsibility to bring on board any medicines and/or equipment which you may need during the cruise, as such items may not be available from the on-board medical facilities. It is also your exclusive duty and responsibility to administer medicines and undergo any other treatment necessary in the on-board medical Centre, as indicated by your own physician. MSC Cruises strongly advises you to carry your medicines and/or medical equipment in your hand luggage.



**MSC 地中海邮轮公司提醒您，对于年龄超过 75 岁的客人登船，我们建议您随身携带医生开具的健康证明文件或体检报告，并确保购买了个人境外旅游保险。我们建议行程最好有家人陪伴，如有慢性病的记得带上常用药品和相关病史报告。**

**MSC Cruises informs passengers that For persons over 75 years of age, please provide medical certificate or medical report issued by the Doctor, and ensure the purchase of personal travel insurance. We recommend that the trip should be accompanied by family, if there is chronic disease remember to bring the usual drugs and related medical history report.**

### 饮食特殊需求 DIETARY REQUIREMENTS:

MSC 地中海邮轮公司提醒您，您上船后还须立即向我们的前台和/或相关工作人员告知您的特殊饮食需求。我们在地中海辉煌号、地中海幻想曲号、地中海华丽号、地中海音乐号、地中海管乐号、地中海诗歌号、地中海神曲号和地中海珍爱号上都可为客人独家提供诸多特殊餐饮服务，请您务必在预订时提出。同时，在我们所有的邮轮上均备有预先包装的,不含谷蛋白的产品。

MSC Cruises reminds you that, once on board, you should also advise the Reception and/or the Maître d’Hôtel of your dietary requirements. MSC Cruises undertakes to provide meals for coeliac passengers exclusively on board the vessels MSC Splendida, MSC Fantasia, MSC Magnifica, MSC Musica, MSC Orchestra, MSC Poesia and MSC Divina and MSC Preziosa; all the motor vessels carry a selection of pre-packaged gluten-free products on board.

过敏源 ALLERGIES:.....

**是否怀孕 PREGNANCY:** 是 YES 否 NO 怀孕周数 WEEK: .....

MSC 地中海邮轮公司通知怀孕的孕妇，预订时必须出示评估考虑过孕妇的年龄、当前和过去孕史情况、任何并发条件和任何其他相关因素的医疗证明，该医疗证明应确认她们的身体状况适合计划的旅行及其怀孕周数。我们还需要告知您，船上的医疗设施和设备可能在技术上不足以用于分娩，或处理怀孕的并发症，在巡航的情况下可能出现潜在的风险对怀孕妇女造成危险(例如，船的摇晃，恶劣天气情况，游览期间疲劳，天气突然变化，过度噪声等等)。

MSC Cruises informs pregnant women that they must present a medical certificate which – taking account of their age, progress of the current and any previous pregnancies, any concurrent conditions and any other relevant factors –confirms their fitness to undertake the proposed journey, as well as the week of pregnancy. MSC Cruises also informs you that the medical facilities and equipment on board may be technically inadequate for the purposes of childbirth, or to deal with complications in pregnancy, and that during a cruise circumstances may arise which present a potential risk to the pregnancy (such as, for example, the swaying movement of the vessel, adverse weather conditions, fatigue during excursions, sudden changes in weather, excessive noise and possible bus transfers, etc.).

### 港口上下船协助服务 ASSISTANCE ON BOARD and/or AT THE PORT

旅客的自理程度 PASSENGER’S DEGREE OF AUTONOMY:.....

乘客是否需要协助上船/下船 DOES THE PASSENGER REQUIRE ASSISTANCE WITH EMBARKATION/DISEMBARKATION?

是 YES 否 NO

具体协助内容 DETAILS OF ASSISTANCE REQUIRED:.....

MSC 通知广大乘客，上下船时如果需要特殊交通工具可能需要支付额外费用。如果需要此类服务（如有），请在预订时向地中海邮轮船方提出申请。地中海邮轮将提前通知您具体内容。

MSC Cruises informs passengers that special means of transport from and to the terminal could result in additional costs payable by the passenger. In the event that such services are requested and available, MSC Cruises undertakes to give you prior notice of the details.

### 轮椅托运 WHEELCHAIR DETAILS

轮椅类型描述 DESCRIPTION:

电动轮椅 ELECTRIC 折叠轮椅 FOLDING 电动车 SCOOTER 其他种类 OTHER SIMILAR EQUIPMENT



如果是电动轮椅，请标出电池种类 IF ELECTRIC, BATTERY USED:

胶体电池 GEL      干电池 DRY

MSC 地中海邮轮公司通知您，湿式（带液）蓄电池可能不被允许带上邮轮。

MSC Cruises informs passengers that wet batteries may not be brought on board its vessels.

轮椅打开时的尺寸DIMENSIONS WHEN OPEN: ..... 厘米cm x.....厘米cm x.....厘米cm

轮椅折叠时的尺寸DIMENSIONS WHEN FOLDED:..... 厘米cm x.....厘米cm x.....厘米cm

轮椅重量WEIGHT: ..... 公斤kg

MSC 地中海邮轮公司再次提醒您 MSC Cruises also informs you that:

邮轮上的医疗设施和仪器有限，并未达到可依您身体条件和相关潜在症状提供充分的技术性治疗，且邮轮上的医务人员可能并不具备所需的特别技能。旅途使用的交通工具（非地中海邮轮的第三方提供，亦未包含在特别套餐中）可能在技术上并不适用您的特殊需求。若您的安全可能受到影响的，船长有权根据邮轮医务人员的建议，在任何情况下完全自行判断决定，在任何时候和任何港口拒绝您登船或要求您下船并且费用由您自行承担。按照相关法规，以上信息由您自愿完成填写并提供给个人信息的数据控制方，MSC 地中海邮轮公司，其注册办公室位于意大利通阿戈斯蒂诺·德普雷蒂斯 31 号。您的个人数据将完全遵照现行法律处理并不会披露给第三方，除非该等披露为履行合同义务之必要，或根据法律规定或法律明文许可；您的数据是不会对外分享的。地中海邮轮公司最后确认，完成和签署这份表格本身并不能代表您的承运销售合同生效，如通用的销售条款和条件所规定的，该等承运销售合同仍须由地中海邮轮公司确认。

The vessel has limited medical facilities and equipment which may consequently be technically inadequate for the treatment of your condition and potential complications related to it, and the medical staff on board may not have the specific expertise required. The means of transport used for excursions (provided by third parties and not MSC Cruises and not included in the holiday package) may not be technically suitable for your specific needs; The Captain has the power in any event – acting on the advice of the on-board Medical Officer – to refuse, at his entire discretion, to allow you to embark, or to require you to disembark at any time and at any port, at your own cost, in the event that your safety is likely to be compromised by the vessel.

In accordance with the relevant legislation, the Data Controller of the personal data, voluntarily supplied by you completing this form, is MSC Cruises S.p.A., with registered office at via Agostino Depretis No. 31, Naples (Italy), against whom the rights prescribed by the above legislation may be exercised. Your personal data will be processed in full compliance with the relevant legislation in force and will not be disclosed to third parties, except in the event that disclosure is necessary to fulfil a contractual obligation, or pursuant to legal requirements or where expressly permitted by law; in any event, your data will not be shared.

MSC Cruises confirms, finally, that completing and signing this form does not of itself render effective the sale contract for the holiday package, which – as set out in the General Terms and Conditions of Sale – remains subject to confirmation by the Company.

### 签署人声明如下:

- 上文所提供的信息是完整和真实的, 且同意按照上述安排处理;

- 已阅读和接受在相关地中海邮轮公司的邮轮手册中包含的有关通用销售和承运条款内容和;

- 已告知自己的医生与其所选邮轮旅行套餐相关的所有情形, 且医生已在考量相关出行情况下签发医疗证明以确认适合参加邮轮旅行, 医疗证明已由签署人附于本表格;

- 已完全知晓邮轮旅行当中可能出现的和可能损害身体健康和安全的所有情情况并基于对前述事实的完全了解决定购买旅行套餐, 接受相关风险, 并在此免除MSC地中海邮轮公司及其代理人、保险人、被保险人、船东、船长和船员和/或以任何形式参与的任何其他方（统称为“地中海邮轮公司”）因与乘客自身医疗情况相关的医疗紧急情况发生而产生的所有民事和/或刑事责任。

- 同时, 免除MSC地中海邮轮公司与乘客自愿接受的医务治疗和照顾、与乘客自行携带上船的设备条件和操作以及上述声明的所有事情相关的所有民事和/或刑事责任。

The undersigned, on his/her part, declares that:

- the information provided above is complete and truthful and that he/she consents to it being processed in accordance with the above arrangements;

- he/she has read and accepts the General Conditions of sale and transportation as included in the relevant MSC Cruises brochure;



- he/she has informed his/her own physician of all circumstances relating to the holiday package selected, and the physician, having taken account of those circumstances, has issued a certificate confirming fitness to undertake the cruise trip (and, where applicable, the flights), which the undersigned has attached to this form;
- he/she has been fully informed of all circumstances which are potentially prejudicial to his/her health and safety and that he/she has decided in full knowledge of the facts to purchase the holiday package, accepting the risks relating thereto and hereby releasing MSC Cruises S.A., its agents, its insured, insurers, ship owners, the captain and crew members of the vessel and/or any other party involved in any way (referred to collectively as the "Company"), from all civil and/or criminal liability arising from the occurrence of medical emergencies relating to his/her own medical condition, for which the on-board medical assistance proves to be inadequate, deficient and/or unavailable;
- that he/she also releases the Company from all civil and/or criminal liability relating to medical treatment and care to which he/she submits voluntarily, to the condition and operation of equipment which he/she brings on board and, generally, relating to all matters declared above.

日期Date: .....

签名 Signature: .....



附件:

## 授权声明信

### Letter of Authorization and Statement

#### 未成年人详细信息 MINOR DETAILS

姓名 NAME AND SURNAME: ..... 护照/证件号 PASSPORT/LICENSE NO.: .....

旅游团项目 TOUR PROJECT: ..... 目的地国家 COUNTRY OF DESTINATION: .....

#### 授权人详细信息 AUTHORIZER DETAILS

姓名 NAME AND SURNAME: ..... 护照/证件号 PASSPORT/LICENSE NO.: .....

身份关系 CAPACITY: .....

\*父亲/母亲/其他直系亲属 FATHER/MOTHER/THE DIRECT RELATIVES

联系地址 ADDRESS: .....

家庭地址 ADDRESS: .....

家庭电话 HOME TEL:..... 工作电话 WORK TEL:..... 手机 CELL: .....

#### 授权人声明如下:

- 授权人为未成年人的合法法定监护人，有权并获得全部授权行使以下授权和声明。
- 同意被监护人随同随行监护人参加本次旅行。随行监护人将监护持有被监护人的护照、签证或其他的旅游证件。
- 授权随行监护人全权行使授权人作为被监护人的法定监护人的一切权利并同时尽一切法定监护人应尽之义务监护被监护人的人身和财产安全，包括但不限于允许未成年人在无监护人/随行监护人陪伴的情况下独自下岸进行岸上观光以及对被监护人的所有行为承担责任。随行监护人所行使的任何监护责任和行为将视为授权人行使的监护责任和行为。
- 同意被监护人在旅行过程中接受任何必需的医疗和急救措施。
- 授权人为被监护人的合法法定监护人，有权并获得全部授权行使上述授权和声明。
- 授权人承诺上述陈述、声明和授权没有虚假或隐瞒并保证对上述声明和授权所产生的一切后果承担全部的责任。授权人随信附上其作为被监护人法定监护人的证明文件。

The Authorizer, on his/her part, declares that:

- Allow the Ward to be participated in the trip with the accompanying guardian. The accompanying guardian will keep the passport, visa or other travel documents for the Ward.
- Authorize the accompanying guardian to act with all rights and fulfill all guardian liabilities of the legal guardian of the Ward to guard the personal and property safety of the Ward, including but not limited to allow minors to attend shore side excursion without companionship of guardian/accompanying guardian and bear the liabilities of all behaviors of the Ward. All the guardian liabilities and actions rendered by the accompanying guardian will be assumed as the actions made by the legal guardian.
- Agree the Ward be treated with any necessary medical and emergency measures during the tour trip.
- The Authorizer is/are the lawful legal guardian of the Ward and have the full authority to make the above authorization and statement.
- The Authorizer guarantee that the above representation, statement and authorization has no falsehood or omission and promise to assume all liabilities to the consequence of the above statement and authorization. The Authorizer attached herewith the legal documents to prove his/her identity as the legal guardian of the Ward.

日期Date: .....

签名 Signature: .....