

RELEASE AND INDEMNITY AGREEMENT
(CRUISE ON BOARD MV [●] _____)

Name of Passenger: [●] _____

Cabin No: [●] _____

Cruise Destination: [●] _____

Cruise Departure Date: [●] _____

Releases:

MV [●] _____ (hereinafter referred to as “the **Ship**”), her master and crew, her agents, her owners and/or charterers, insurers, her underwriters and/or any other entities or persons or any of the companies within the Genting Hong Kong Group (hereinafter collectively referred to as “the **Releasees**”)

Risks:

I hereby declare that I am having and/or have been treated for and/or diagnosed to have the following medical condition / disease / illness / injury / physical infirmity / disability / chronic ailment, namely [●] _____ and due to the aforesaid, I have been advised by the Releasees that I may not be fit to take the cruise onboard the Ship (hereinafter referred to as “the **Advise**”).

I further declare that despite the Advise given, I have decided to travel onboard the Ship (hereinafter referred to as “my **Decision/Action**”). Therefore, I am voluntarily assuming full responsibility for all liabilities arising from my Decision/Action. I also hereby assume full responsibility for all the risks involved, including but not limited to the unavailability of full medical facilities and/or special attention or treatment of any kind that I may require while traveling onboard the Ship.

Release:

In consideration of the Releasees allowing me to board the Ship, I fully release, discharge, and agree not to sue the Releasees for any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever which may arise or in the future may develop from my Decision/Action.

Indemnity:

I also hereby agree at my own cost and expense to indemnify and keep indemnified the Releasees in full and hold the Releasees harmless from and against all losses, claims, demands, interests, charges, costs (including but not limited to legal costs on a full indemnity basis), fees, damages, liabilities, expenses arising from My Decision/Action, which the Releasees suffered, incurred or sustained or may suffer, incur or sustain in relation thereto or arising out thereof or in consequence thereof whether directly or indirectly.

Intent:

I intend that this Release and Indemnity Agreement bind not only me, but also all members of my family and my spouse (if any) if I am alive, and my heirs, assign and personal representatives if I am not alive. I intend this as a release, discharge and promise not to sue the Releasees. I further agree that this Release and Indemnity Agreement should be construed in accordance with the laws of the Hong Kong Special Administrative Region.

Free Act:

I acknowledge that I have read this Release and Indemnity Agreement. I understand it and sign it voluntarily as my own free act. No representations, statements or inducements, apart from the foregoing written agreement, have been made and I execute this Release and Indemnity Agreement having received full, adequate, and complete consideration, intending to be bound by it.

Signature of Passenger:

Name: [●]

Identity Card / Birth Certificate / Passport No: [●]

Date: [●]

For Passenger below 18 years of age:

I/We, the undersigned, as parents or guardians of the above Passenger, hereby knowingly and voluntarily execute this Release and Indemnity Agreement with the intent of affirming and making effective all representations made herein by the Passenger. I/We have fully informed myself/ourselves of the contents of this Release and Indemnity Agreement and consent to the same and on behalf of myself/ourselves as well as in my/our authority as the parents or guardians of the above Passenger.

In the event that this Release and Indemnity Agreement is executed by only one parent, the signing parent avers that he/she has explained this Release and Indemnity Agreement in full to the other parent who has authorized the signing parent to execute this Release and Indemnity Agreement on his/ her behalf.

Signature of Parents or Guardians:

Name: [●]

Identity Card / Passport No: [●]

Date: [●]

Name: [●]

Identity Card / Passport No: [●]

Date: [●]

Rev No: 4
Date Issued: 15.05.2014

Filed by: Doctor
Duration: 12 months