



Unaccompanied Minor Form

Request for Carriage - Handling Advice

Persons age 12 thru 15

Full Name of Minor: _____ Age: _____ Sex: _____
Given Name Nickname Family or Surname

Vessel: _____ Date: _____ From: _____ To: _____

Vessel: _____ Date: _____ From: _____ To: _____

Person Accompanying on Departure

Name: _____

Address: _____ Phone #: _____

Person Meeting on Arrival

Name: _____

Address: _____ Phone #: _____

PLEASE READ BEFORE SIGNING

DECLARATION

1. I confirm that I have arranged for the above mentioned minor to be accompanied to the vessel on departure and to be met on arrival by the persons named. These persons will be available at the ferry terminal at the scheduled time of arrival of the vessel.
2. Should the minor not be met as stated on the face hereof, I authorize the Carrier(s) to take whatever action they consider necessary to ensure the minor's safe custody including return of minor to the terminal of departure, and I agree to indemnify and reimburse the Carrier(s) for the necessary and reasonable cost and expenses incurred by them in taking such action.
3. I, the undersigned parent or guardian of the above mentioned minor agree to and request the unaccompanied carriage of the minor named above and certify that the information provided is accurate.

Parent or Guardian

Name: _____

Address: _____ Phone #: _____

Signature: _____ Date: _____