## **Guest Special Needs Form**

#### Guest's Name:

#### **Reservation ID**:

**RSVP Vacations** will operate and organize your vacation. In order to maximize your trip experience, RSVP Vacations 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 vacation 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, RSVP Vacations will not be able to adjust your trip to your special needs and you may not be able to partake in a shore side tour or excursion. 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 website: <u>http://rsvpvacations.com/terms.php</u>.

I hereby declare that I have read and understood this consent declaration and

<b>(1)</b>	consent to the	processing of	data to adapt the	vacation to my needs	Yes	No
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(2) I consent to the transfer of data to tour operators in third countries outside the EU / EEA Yes No

# **RSVP Guest Special Needs Form**

In order to provide you with the best accessible vacation experience possible, please submit the Guest Special Needs Form at time of booking but no later than 30 days prior to your trip, except for sign language interpreting requests which must be submitted 60 days prior to sailing. This will allow us to make the necessary arrangements for your requested accommodations.

While we do not require information about the extent of your disability the more information we have, the better we will meet your specific needs. (\*Required Fields)

* First Name or Forename:	* Last Name or Surname:		
* Email Address:			
* Country of Residence:	* Telephone Number:		
* Program Name:			
Accommodations:			
□Wheelchair Pier Assistance	□Large Print Materials	□Sign Language Services	
□Cannot Ascend/Descend Steps	□Blind (optional)	-American Sign Language	
□Wheelchair Accessible Transfer	□Assistive Listening Device	☐Sign Language Services - Tactile	
□ Service Dog	Portable Hearing Room Kit	☐TTY (Teletypewriter)	

Sign Language Interpreting Services are available only on cruises to/from U.S. Requests must be made 60 days prior to sailing.

Need accessible room with roll-in shower?  $\Box$  Yes  $\Box$  No

I currently have an accessible room booked and I require this room because I have a mobility disability or other disability that requires the use of the accessible features that are provided in the room.

I do not currently have an accessib disability or other disability that rec					
Accessible rooms are subject to av	vailability.	□ Yes	□ No		
□Raised toilet seat		ode chair		□Shower stoc	I
□ Mini-refrigerator	□Sharps	container			
For pre/post-cruise hotels, based c	on availability.				
$\Box$ Accessible hotel room with roll-in sl	nower				
□Accessible hotel room with tub					
Bringing Equipment:					
□Manual Wheelchair Help	□Power	Wheelchair He	elp		
□Power Scooter Help		BIPAP machin	e		
* Wheelchair and Scooters must fir Standard room doors are minimun	-				uest rooms.
Please complete all details and dir room and if applicable for transfers			our mobility equipm	nent can be acco	ommodated in the
Is your wheelchair or scooter:	]folding 🗆 ı	non-folding [	select one]		
Is your wheelchair or scooter battery:	□ gel cell	□ dry ce	ell 🗌 wet cell	[select one]	
What are the dimensions (in inches) of	of your wheelchair o	or scooter?			
Width L	ength		Height	v	Veight (Ibs)
What are the combined dimensions or	f the guest and equ	ipment? Heigl	nt		
(inches)	Weig	ht (lbs)			

**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 wheelchair and mobility scooters may not be taken on tenders unless roll-on capability is available.

Oxygen/Dialysis:

□Carrying oxygen onboard	□Oxygen delivered by vendor
Carrying peritoneal dialysis	$\Box$ Peritoneal dialysis supplies delivered by vendor
Oxygen Vendor Name	

Vendor Phone Number:					
Dialysis Vendor Name:					
Vendor Phone Number:					
If you require any form of hemo-dialysis, please const	ult our Acce	ss Department for			
assistance. Medical Related Dietary Requests:					
□Regular soy milk					
□Regular lactose-free milk					
Accessible Shore Excursions:					
Would you like to book accessible shore excursions? $\Box$ Yes $\Box$ No					
If yes, please contact our accessible excursions team to arrange your excursions.					
Can you do minimal walking? Yes 🗆 No					
Are you traveling with a companion who can assist you?	□Yes	□ No			
Are you able to transfer from a wheelchair to a seat?	□Yes	□ No			

**Note**: the above information will be passed along to the cruise line accessible excursions team. Be sure to complete the Bringing Equipment section so we can ensure the tour operator will be able to accommodate your mobility equipment.

### $\Box$ Other

Please List Other Here (including Allergies). We are unable to guarantee an allergy free environment, however, we can make reasonable accommodations for your allergies. Please note not all disability and dietary requests may be able to be accommodated.

For your convenience, you may attach additional correspondence to your message.

RSVP has a designated ADA Compliance Coordinator ("ADA Coordinator") on its staff. For more information, please contact RSVP's ADA Coordinator at (310) 432-2300 or via e-mail at: info@rsvpvacations.com or have your travel agent contact us.