SAFE Form - Special Requirements – Soul Train Cruise

Our records indicate that accessible facilities and/or services may be required due to a disability. Please review and complete this form in order for specific arrangements to be made. This information is necessary so that we are aware of any special requirements you have. Holland America Line and Worldwide Shore Services (WSS) will seek to the extent feasible to accommodate all passengers. This information may be provided to third parties, as needed. **IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, PLEASE CALL ANDREA SAVICKIS AT (844) 266-7685, OR SEND AN EMAIL TO ANDREAS@STARVISTALIVE.COM.**

Guest's Name: _____ Today's Date: _____ Guest's Phone: (_____) _____

Contact Email: _____ Ship: NIEUW AMSTERDAM Sail Date: 01/27/2018

I Have Booked Stateroom _____ Which ☐ Is ☐ Is Not a wheelchair accessible stateroom

I will be with someone who will provide me with the assistance I require: ☐ Yes ☐ No Relationship _____

Assistant's Name: _____ Cabin #: _____

Special Assistance Form for Entry (S.A.F.E.):

I am confirmed in: ☐ Early Dining / Late Show ☐ Late Dining / Early Show Seat #: _____

I would like to request admittance to the theater as part of the SAFE seating program. ☐ Yes ☐ No

I can leave my wheelchair for seating at the nightly shows: ☐ Yes ☐ No

I cannot navigate steps (need to stay on flat surface): ☐ Yes ☐ No

****Please note: SAFE applications must be accompanied by a doctor's note and/or handicap placard. All SAFE seats will be located at the back of the theater. SAFE guests may enter after the theater doors open.****

For Guests With Mobility Needs: *(Check the appropriate box)*

I can step up onto a bus: ☐ Yes ☐ No I need a hydraulic lift equipped vehicle for tours or transfers: ☐ Yes ☐ No

I am requesting a wheelchair for embarkation and disembarkation[1] : ☐ Yes ☐ No

I will require assistance embarking and disembarking the cruise ship at all ports: ☐ Yes ☐ No

I will bring a wheelchair[1]: ☐ Yes ☐ No I will have a wheelchair delivered: ☐ Yes ☐ No

Type of wheelchair[2]: ☐ Fold-up ☐ Electric ☐ Scooter ☐ Walker

Wheelchair/Scooter dimensions: Weight_____ lbs. Width _____ in. Length _____ in. Height _____ in. My Weight is ____ ☐ lbs ☐ kg.

For Guests With Severe Allergies: *(Please list your allergies in the below box)*

My allergies are food related: ☐ Yes ☐ No I carry an epi-pen for emergencies related to my allergies: ☐ Yes ☐ No

For Guests With Diabetes: My diabetes is controlled through: ☐ Medication ☐ Diet (as noted below)

☐ I require access to refrigerated medicine every ____ hours I need hypodermic disposal facilities: ☐ Yes ☐ No

For Guests With Respiratory Needs: I require the use of oxygen: ☐ Yes ☐ No[3] **(*SEE BELOW*)**

I am bringing a CPAP machine: ☐ Yes ☐ No I need to order distilled water: ☐ Yes ☐ No

For Guests Requiring the Assistance of a Service Animal:

I am bringing a service animal with me[4]: ☐ Yes ☐ No Type: _____

Please describe any condition, illness, equipment or facilities that require special assistance that may not have been listed above. *(Add Pages if necessary)*[5]

PLEASE FAX or EMAIL THE COMPLETED FORM TO (313) 565-3621 or AndreaS@starvistalive.com.

1. Please note complimentary wheelchairs are only available for embarkation and disembarkation procedures, and in emergency situations.
2. All electric mobility devices must have a gel or dry cell battery.
3. The ship has oxygen for emergency use only. Persons requiring oxygen must either make independent arrangements for their oxygen needs through Scootaround @ 800-441-7575 or Special Needs at Sea @ 800-513-4515, or bring their own.
4. Service animals must have all required immunizations and paperwork.
5. Persons undergoing CAPD (Peritoneal Dialysis) must arrange for delivery of their own solutions and supplies.