

TRAVEL INSURANCE WAIVER FORM

Traveler Information		
First Name	Last Name	Email Address

I hereby acknowledge that I have been provided the option to purchase travel insurance for the upcoming trip:

Trip Information	
Destination	Date

I understand the significance of travel insurance coverage, which includes protection against unforeseen events such as trip cancellations, medical emergencies, baggage loss, and other potential incidents.

After careful consideration, I have decided to decline the purchase of travel insurance for this trip. I am aware that by opting out of travel insurance coverage, I am solely responsible for any financial losses, medical expenses, trip cancellations, or other liabilities that may occur during my travel period.

I acknowledge that I have been provided with information regarding available travel insurance options, coverage details, and the potential risks of traveling without insurance. My decision to waive travel insurance coverage is voluntary and at my own risk.

I release the Travel Company, its employees, agents, and affiliates from any liability, claims, damages, or expenses that may occur during the course of my travel, and I agree to indemnify and hold them harmless from any such claims.

By signing below, I affirm that I have read and understood the contents of this waiver regarding travel insurance.

Signature:

Signature Date: