

Travel Insurance Waiver

Print, Sign and Email to Kip A photo or scanned copy works great!

We strongly recommend that you purchase travel protection insurance to cover all non-refundable prepaid charges and to protect against accidents or unforeseen incidents while traveling. Please sign this acknowledgement to accept or decline the travel protection insurance that is being offered.

Full Nam	e:	Email:	
Address		City:	
State:	Zip:	Phone:	
Please cl	neck one:		
p N p u	es, I want to purchase travel protection re-existing conditions if purchased with o, I don't want to purchase Travel Protection re-paid, non-refundable costs and an inforeseen circumstances.	ithin 14 days of my initial trip deposi otection Insurance, and I assume al y costs incurred during the trip due	t. Il responsibility for all to accident or
	o, I don't need to purchase a policy b	• •	•
-	e Date:en advised of and understand the be		e. I understand that I do
	any coverage until 24 hours after the		
expenses expenses	decline this protection, I understand the incurred because of being unable to . I also understand that I must purch a coverage. Travel Insurance must co	travel, or travel disrupted for any rease Travel Protection Insurance pro	eason or any medical mptly to obtain
Signatur	ə:	Date:	

*Please note that your booking cannot be finalized until you have completed and submitted this form.