



LIABILITY RELEASE FORM

I decline to purchase the following travel insurance plan that my travel agent has offered and explained to me:

- Trip Insurance

I, the undersigned, will not hold my travel agent or travel agency responsible for any expenses incurred from any sources as a result of:

1. My refusal to purchase travel insurance at the time of initial deposit and for the full amount and duration of the trip.
2. Any additional single supplement costs if my traveling companion is unable to travel and I still choose to travel.
3. If insurance is not purchased at the time of the initial trip deposit, any additional costs such as:
 - Increase in premium
 - Change in medical condition
 - Increased supplier penalties

Signatures:

Name of Client(s): _____

Client's Signature: _____

Date of Signature: _____

Travel Agent's Signature: _____

Witness:

Date of Travel: _____

Agency File #: _____