



POLICY and PROCEDURE – Trip Insurance

Please choose one of the following Insurance Plans or sign the Waiver of Insurance.

Whereas, I _____ have accepted and paid for the _____

Protection Plan Location/Trip # _____ Destination Name: _____

Basic Insurance \$() _____ Enhanced Plan \$() _____

Name _____

Phone # _____

Address _____

Waiver of Insurance and Hold Harmless Agreement

Whereas, I, _____, the undersigned do hereby acknowledge that I have been advised of the Trip Insurance available and the cost of the policy. I fully acknowledge that if I elect not to purchase the Trip Insurance, there will be NO REFUND if I cancel the trip for any reason.

I further agree to indemnify and hold harmless the Heritage Senior Center, its officers, agents and employees for any and all costs associated with the trip cancellation when insurance has not been purchased.

I have hereunto set my hand on this

_____ day of _____, 20__

Signature of Traveler

Date