Travel Insurance Waiver Form

Travel Provider:
Myra Barcas, Toastie Potato Travel Adventure
Address:
14260 W Newberry Rd
City, State, ZIP:
Newberry, Florida, 32669

Traveller:
Address:
City, State, ZIP:

1. Trip Details and Booking Confirmation

Booking Confirmation Number:

Trip Departure Date:

Trip Return Date:

Destination(s):

2. Insurance Offer and Awareness

The Travel Provider has offered optional travel insurance coverage for the above-referenced trip. The Traveller has been informed of the availability and benefits of travel insurance products, including but not limited to medical coverage, trip cancellation protection, baggage loss coverage, flight delay reimbursement, and emergency evacuation services. The Traveller has had the opportunity to review the insurance policy details and ask questions regarding coverage options.

3. Waiver of Insurance Coverage

The Traveller hereby declines and waives all travel insurance coverage offered by the Travel Provider for the booked trip. This waiver applies to all insurance products and coverage types, including but not limited to:

- Medical and emergency healthcare coverage
- Trip cancellation and interruption protection
- Baggage loss, delay, and damage coverage
- Flight delay and missed connection reimbursement
- Emergency evacuation and repatriation services
- Travel delay and accommodation coverage
- Any other optional or supplemental insurance products

The Traveller understands that by declining insurance, they will not be covered under any of the Travel Provider's insurance policies for this trip.

4. Acknowledgment of Risk

The Traveller acknowledges and understands that **without travel insurance coverage, they assume all financial and personal risk** related to the booked trip, including but not limited to:

- Financial loss due to trip cancellation, postponement, or interruption
- Medical emergencies, hospitalization, and emergency medical evacuation costs
- Loss, theft, or damage to baggage and personal belongings
- Flight delays, missed connections, and associated expenses
- Travel disruptions caused by weather, natural disasters, or other unforeseen events
- Any other travel-related incidents or emergencies

The Traveller further acknowledges that they have had a full opportunity to ask questions, review insurance options, and understand the consequences of declining coverage. The Traveller confirms that this decision is made with full awareness of the risks involved.

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5. Non-Reinstatement and No Refund

Once the Traveller has declined travel insurance coverage, **insurance cannot be added to this trip at a later date.** The Traveller waives any right to purchase insurance coverage after signing this waiver. Additionally, the Traveller waives any right to claim insurance benefits for this trip and acknowledges that no refund or reimbursement will be available for any travel-related losses or emergencies that occur.

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6. Representations by Traveller

The Traveller represents and warrants that:

- They are of legal age (18 years or older) and have full legal capacity to enter into this agreement
- They have the authority to make this decision regarding insurance coverage
- This decision is made voluntarily, without duress, coercion, or undue influence
- They have not been pressured by any party to decline insurance coverage
- They understand the full implications of this waiver

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7. Release and Indemnification

The Traveller hereby releases and discharges the Travel Provider, its officers, employees, agents, and representatives from any liability, claims, damages, or expenses arising from or related to the absence of travel insurance coverage for this trip. The Traveller agrees to indemnify and hold harmless the Travel Provider from any claims, lawsuits, or demands made by the Traveller or any third party related to the lack of insurance protection or any travel-related losses or emergencies.

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8. Governing Law and Jurisdiction

This Waiver shall be governed by and construed in accordance with the laws of the State of Florida, without regard to its conflict of law principles. Any disputes arising from this waiver shall be resolved in the courts of Alachua County. The Traveller consents to the exclusive jurisdiction and venue of such courts.

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9. Execution and Signatures

Traveller Signature:

Signature: _____

Printed Name:

Date:

Travel Provider Representative:

Signature:

_____

Printed

Title:

Date: