

Asha's Vacation Ventures Travel Insurance Waiver Form



ASHA'S VACATION VENTURES, LLC
THE STRESS STOPS HERE

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I am refusing travel insurance for my trip. The risks for declining coverage have been explained to me by my Travel Advisor. I understand that declining travel insurance mean I will lose all benefits of coverage and I fully accept that risk. I am aware that my own medical insurance may not cover me outside of the United States.

I UNDERSTAND THAT I WILL NOT BE COVERED FOR:

- Lost luggage
- Missed connections or train delays
- Emergency air lift assistance
- Emergency medical and/or dental assistance
- Emergencies at home affecting me and/or my immediate family (children, grandchildren, aunts, uncles, brothers, sisters, nephews, nieces)
- Death of myself and/or my immediate family (children, grandchildren, aunts, uncles, brothers, sisters, nephews, nieces)
- Supplier default and/or bankruptcy
- Any other covered circumstances as outlined in the offered travel insurance policy

I understand that I may lose up to 100% of the cost of my cruise/vacation package/travel arrangements, plus any cancellation fees from Asha's Vacation Ventures LLC and/or other suppliers, if my trip is cancelled or delayed.

I hereby release Asha's Vacation Ventures, LLC its administration, personnel, and my Travel Advisor from responsibility for any consequences, both known and unknown, resulting from my refusal of trip cancellation insurance.

I understand that Asha's Vacation Ventures LLC has advised me of the importance of such insurance and I will not hold them responsible for any risks or lost funds. By signing this form, I confirm that I do not expect Asha's Vacation Ventures, LLC to assist me in any way if my trip is cancelled or delayed for any covered reason.

I confirm I am denying travel insurance. ☐ Yes ☐ No

Date: _____

Email: _____

First Name: _____

Last Name: _____