



Kellie's Travel
Custom Vacations



Call of the Syren Travel
Luxury Travel



Flamingling Around
Group Travel

Travel Insurance Waiver Form

Purpose of this Waiver

Travel insurance is ***strongly recommended*** to protect your investment in the event of unforeseen circumstances such as trip cancellation, delays, illness, medical emergencies, lost luggage or natural disasters.

This form confirms that you, the client, have ***been offered and educated on travel insurance options*** and are either declining coverage or assuming full responsibility for securing it independently.

Client Information

Full Name: _____
Phone Number: _____ - _____ - _____
Email Address: _____ @ _____
Trip Dates: _____ to _____
Destination(s): _____

Travel Insurance Acknowledgement

I acknowledge that I have been informed of the option to purchase travel insurance that may include:

- Trip cancellation and interruption coverage
- Emergency medical coverage
- Emergency evacuation coverage
- Baggage loss or delay coverage
- Supplier default protection

I understand that travel insurance is **not included** in my booking unless explicitly purchased and confirmed in writing.

Initials _____ Date _____

Waiver of Coverage

(Please initial **one** of the following options)

_____ I decline to purchase travel insurance and understand that I am solely responsible for any financial loss, penalties, or expenses that may arise from unexpected cancellations, delays, medical emergencies, or other travel disruptions.

_____ I have purchased travel insurance independently through _____ and accept full responsibility for understanding the terms, coverage, and claims process.

Initials _____ Date _____

Client Responsibility

By signing this form, I understand that **Call of the Syren Travel LLC (DBA: Flamingling Around; DBA: Kellie's Travel)** is not responsible for any losses, injuries, or expenses incurred before, during, or after my trip due to my decision to decline travel insurance coverage.

I release **Call of the Syren Travel LLC (DBA: Flamingling Around; DBA: Kellie's Travel)** and its affiliates from any liability related to trip interruptions, cancellations, or additional costs that would otherwise be covered by travel insurance.

Initials _____ Date _____

Client Signature: _____

Client Name [printed]: _____

Date: _____