

**Did You Protect Your Travel Investment?**

Strahan Travel Adventures (Advisor) recommends that you purchase travel insurance to protect your travel investment.

I acknowledge that Strahan Travel Adventures (Advisor) has offered me travel insurance from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I do not wish to purchase insurance protection for my vacation and am declining the travel protection offered from the above provider at this time. By signing this waiver, you acknowledge that you have been offered the opportunity to purchase travel insurance for your upcoming trip. You understand that travel involves certain risks, including but not limited to medical emergencies, trip cancellations, and unforeseen events. You accept full responsibility for any costs or losses incurred due to these risks and agree not to hold InteleTravel or the InteleTravel Independent Advisor named above liable for any damages or expenses arising from your decision to decline travel insurance. It is your responsibility to ensure compliance with all travel requirements and to secure appropriate coverage independently if desired.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Trip Confirmation Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trip Departure Date: \_\_\_\_\_\_\_\_