TRAVEL PROTECTION WAIVER

Trip Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
I decline the optional Travel Insurance Protection Plan, and in doing so realize that I may lose all or part of my trip payment if I have to cancel. I also understand that I will be 100 percent responsible for all expenses incurred if I become sick, injured or die while I am on the trip; or if I must leave the tour to return home. I will also not have coverage for lost or damaged luggage, additional lodging or meals if delayed or for any unused portion of the tour. By signing below, I fully agree and understand that [Bank Name Club Name] is not liable for any losses, financial or otherwise.

I have read and fully understand this document. I understand all of the consequences resulting from my decision to purchase or decline travel protection and trip insurance.  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Printed Name  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date