Dates of Travel: **Confirmation #**

Suppliers:

Estimated Trip Cost: $

I have been offered on (date)_____ and advised of travel protection / trip insurance options and fees by my travel agent, Cindy Blanchard DBA A Touristlife LLC.

_____I *accept* and will purchase travel protection / trip insurance for all trip participants.

If you wish to purchase a trip protection plan, please remember the pre-existing conditions waiver is only available at time of deposit and the supplier default conditions of the policy apply. (Some policies will vary)

Please add credit card info if you are adding the Insurance **Last 4 Digits Cd# _____**

Exp Date _____ 4 digit Sec Code _____ MC/VISA/Disc/AMEX

Travel Protection Waiver:

_____**I *decline*** the offer to purchase travel protection / trip insurance. I understand that I am solely responsible for any cancellation penalties and out-of-pocket expenses incurred. I will also make my own separate travel, medical and any other provisions in the event of an emergency while I am traveling. I also understand that I am *not* protected from loss in the event of any travel vendor, travel supplier or any travel-related operator default. This waiver confirms that I voluntarily decline travel insurance and travel protection insurance for the trip described above. I understand I am solely liable for all airline fees, supplier fees, and agency fees that may apply. ***I hereby release A Touristlife LLC. , Cynthia Blanchard and its agents from any and all liability related to the trip described above.***

Additionally, you waive any right to a chargeback (Credit Card Purchases) in the case of cancellation for any cause (excepting fraud), including a force majeure event, as defined herein, and agree to refund policies and procedures as outlined in these terms and conditions. In the event a client attempts to chargeback, reverse or recollect a trip payment already made without our authorization, we reserve the right to collect all additional costs, fees and expenses associated with such chargeback, reversal or recollection, including, without limitation, attorney fees.

(Optional) Policy # _____ purchased through (proof of outside coverage)

(Insurance Company or supplier) _____

I have read this document; I understand this document and all consequences resulting from my decision to purchase or decline trip protection and trip insurance.

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This waiver must be signed by each adult traveler over 17 years old.
Please Print **Legal Name then SIGN and date** ***Thank You***

Name_____ **Sign**_____ **Traveler 1**

Name_____ **Sign**_____ **Traveler 2**

Name_____ **Sign**_____ **Traveler 3**

Name_____ **Sign**_____ **Traveler 4**

Name_____ **Sign** _____ **Traveler 5**

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