

DECLARATION OF TRAVEL INSURANCE REFUSAL

I, with the full knowledge and on behalf of all other persons whose names appear on my file, decline the travel insurance coverage and associated services offered to me by my travel counsellor. Furthermore, I free the travel agency from any and all obligations arising from losses or expenses that might be incurred during my travel as a result of this refusal. I understand that this refusal negates my right to claim for the following losses or expenses:

- Emergency Medical Care
- Trip Cancellation or Interruption
- Accident
- Baggage

Date of departure

File number

Client's signature

Counsellor's signature

Date of signature

