



3015 Navarre Ave. Suite 210 | Oregon, Ohio 43616 | [www.allinclusiveconnections.com](http://www.allinclusiveconnections.com)

## TRAVEL INSURANCE WAIVER FORM

Name/s: \_\_\_\_\_

Trip name: \_\_\_\_\_

Trip date: \_\_\_\_\_

Vacation Specialist: \_\_\_\_\_

I choose to decline travel protection offered to me by Travel Connections. I, the undersigned will not hold Travel Connections or my Vacation Specialist responsible for any expenses incurred as a result of my declining the purchase of travel protection as offered.

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