

I, _____, am refusing travel insurance for my trip on _____.

My Travel Advisor _____ has explained the risks for declining coverage. I understand declining travel insurance means I will lose all coverage benefits and I fully accept that risk.

I am aware that my own medical insurance may not cover me outside of the United States.

I UNDERSTAND THAT I WILL NOT BE COVERED FOR:

- _____ Lost luggage
- _____ Missed connections or travel delays
- _____ Emergency air lift assistance
- _____ Emergency medical and/or dental assistance
- _____ Emergencies at home affecting me and/or my immediate family
(children, grandchildren, aunts, uncles, brother, sisters, nephews, nieces)
- _____ Death of myself and/or my immediate family
(children, grandchildren, aunts, uncles, brother, sisters, nephews, nieces)
- _____ Supplier default and/or bankruptcy
- _____ Any other covered circumstances as outlined in the offered travel insurance policy

I understand that I may lose up to 100% of the cost of my cruise/vacation package/travel arrangements, plus any cancellation fees from Brentwood Travel and/or other suppliers, if my trip is cancelled or delayed.

I hereby release Brentwood Travel, its administration, personnel, and my Travel Advisor from responsibility for any consequences, both known and unknown, resulting from my refusal of trip cancellation insurance.

I understand that Brentwood Travel has advised me of the importance of such insurance and I will not hold them responsible for any risks or lost funds. By signing this form, I confirm that I do not expect Brentwood Travel to assist me in any way if my trip is cancelled or delayed for any covered reason.

Traveler Signature

Date Declined

Witness Signature

Date Witnessed