



3015 Navarre Ave. Suite 210 | Oregon, Ohio 43616 | 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: ___/___/___