

TRAVEL INSURANCE LIABILITY RELEASE FORM

I decline to purchase any of the following travel insurance plans that my travel advisor has offered and explained to me:

- Emergency Medical Cancellation & Interruption Flight Accident
 Baggage & Personal Effects Rental Car Physical Damage (CDW)

I, the undersigned, will not hold my travel advisor or the travel agency (Centre Holidays Inc.) responsible for any expenses incurred from any sources as a result of:

1. My refusal to purchase travel insurance at the time of initial deposit and for the full amount and duration of the trip.
2. Credit card insurance coverage:
 - Restricted benefits, conditions and/or exclusions related to my credit card travel insurance, or
 - Insufficient protection offered by my credit card travel insurance, or
 - Non-existing coverage of my credit card travel insurance
3. Any additional single supplement costs if my travelling companion is unable to travel and I still choose to travel.
4. Any additional costs if insurance is not purchased at the time of initial trip deposit; such as:
 - Increase in premium
 - Change in medical condition
 - Increased supplier penalties

----- **FILL IN THE FORM BELOW** -----

Name of Customer: _____

Customer's Signature: _____

Date of Signature: _____

Travel Advisor's Signature: _____

Witness

Date of Travel: _____

Agency File #: _____