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TRAVEL INSURANCE WAIVER
Form must be signed and returned at time of deposit

PLEASE PRINT:

Name _____

Date of Departure _____

Today's Date _____

Name of Supplier _____
(Cruise Line, Hotel, Airline, etc.)

Destination _____

I, the undersigned, have been offered and DECLINED the purchase of Trip Cancellation Insurance (including air, hotel, cruise and tour operator default) and travel accident/medical/trip interruption/baggage delay insurance. I, the undersigned, will not hold CRUISES BY KATE and/or its agents responsible for any losses incurred resulting in delay or cancellation of my trip, accident, sickness, death, stolen/damaged baggage or property.

I understand that if I encounter losses during my trip, such claims are to be made directly to the travel service supplier and not Cruises By Kate.

Agent Signature _____ **Date** _____

Client Signature _____ **Date** _____