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Are You Protected?

Dates of Travel: _____ - _____ Trip Supplier: _____ Confirmation #: _____
Total Trip Cost: \$ _____ Travel Agency Cancellation Fee: \$ _____

I have been offered and advised of travel protection / trip insurance options and fees by my travel agent,
_____.

I accept and will purchase travel protection / trip insurance for all trip participants.

If you wish to purchase a trip protection plan, please purchase it **within 14 days of your first trip payment** to cover the pre-existing conditions waiver and the supplier default conditions of the policy.

Travel Protection Waiver:

I decline the offer to purchase travel protection / trip insurance. I understand that I am solely responsible for any cancellation penalties and out-of-pocket expenses incurred. I will also make my own separate travel, medical and any other provisions in the event of an emergency while I am traveling. I also understand that I am not protected from loss in the event of any travel vendor, travel supplier or any travel-related operator default. This waiver confirms that I voluntarily decline travel insurance and travel protection insurance for the trip described above. I understand I am solely liable for all airline fees, supplier fees, and agency fees that may apply, and I hereby release Research Travel, Inc. and its agents from any and all liability related to the trip described above.

(Optional) Policy # _____ purchased through (Insurance Company or supplier)
_____.

I have read this document; I understand this document and all consequences resulting from my decision to purchase or decline trip protection and trip insurance.

This waiver must be signed by each adult traveler over 17 years old.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____