

## Travel Insurance Waiver

Travel dates: \_\_\_\_\_

I, \_\_\_\_\_, hereby verify that I have reviewed my travel itinerary for accuracy. I have been advised of all applicable fees, including but not limited to, cancellation and change fees, associated with my trip provided by vendors including Black Sands Travel Consultants, LLC and other third part suppliers associated with my trip. I understand that discounted fares and vacation packages may have additional restrictions and that changing any aspect of my travel may result in the payment of additional fees.

I have been offered travel insurance and understand if I choose not to purchase trip protection at this time, I may be able to purchase it until the final payment is due, but any pre-existing medical conditions may not be covered under the insurance policy I choose.

**(Initial below on the option you elect)**

\_\_\_\_\_ YES, I do wish to purchase coverage and authorize my card to be charged today. I understand that if I choose to cancel my trip for fear of incident, quarantine or trip interruption due to an epidemic or pandemic, insurance policies will not cover such losses. I further understand that Black Sands Travel Consultants, LLC is not an insurance agent/company and is only recommending certain travel insurance policies, and that it is my sole responsibility to understand the coverages provided by the insurer and policy I have chosen for myself and for other travelers in my party.

\_\_\_\_\_ YES, I do wish to purchase coverage. I understand it is my responsibility to do so using the link or other method provided by your Agency. I understand that if I choose to cancel my trip for fear of incident, quarantine or trip interruption due to an epidemic or pandemic, or other reason not explicitly covered or explicitly excluded, insurance policies will not cover such losses. I further understand that Black Sands Travel Consultants, LLC is not an insurance agent/company and is only recommending certain travel insurance policies, and that it is my sole responsibility to understand the coverages provided by the insurer and policy I have chosen for myself and for other travelers in my party.

\_\_\_\_\_ NO, I do not wish to purchase travel protection. I waive all protection and any assistance from Black Sands Travel Consultants, LLC for cancellation, medical coverages, travel interruption, baggage loss, and other valuable protections. I also understand that it is not advisable to travel during a pandemic or any travel advisory warning without travel insurance. I also understand that doing so is entirely at my own risk.

Lead Traveler/ Client Name: \_\_\_\_\_

Lead Traveler/Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By declining travel insurance traveler(s) assume all personal and financial loss should they cancel their trip within the penalty phase or suffer losses during the course of travel.