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**Local: (717) 337-0450**

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**[kate@cruisesbykate.com](mailto:kate@cruisesbykate.com)**

**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** \_\_\_\_\_