

By sea, by sky or across the land - from around the corner to across the globe -
Making your travel dreams a reality one trip at a time

Travel Protection Insurance WAIVER

Guest Name _____ Cruise Line & Reservation # _____
Ship _____ Sailing Date _____

Wandering Weightlessly, LLC strongly recommends purchasing comprehensive Travel Protection Insurance to safeguard your investment against unforeseen events such as trip cancellation, interruption, medical emergencies, emergency evacuation, baggage loss/delay, and supplier default.

Client Declaration and Waiver

I/We, the undersigned traveler(s), acknowledge that Wandering Weightlessly, LLC has offered and strongly recommended that I/we purchase Travel Protection Insurance for the above-referenced trip.

Please check the box that applies:

OPTION A: I have purchased Travel Protection Insurance. (Please provide the following details):

- Insurance Provider: _____
- Policy Number: _____

OPTION B: I hereby DECLINE to purchase any Travel Protection Insurance offered by the Agency or recommended by the Agency.

Assumption of Risk (Option B)

By declining Travel Protection Insurance, I acknowledge and agree that:

Cancellation Penalties: I am solely responsible for all cancellation penalties imposed by suppliers, which may equal 100% of the trip cost.

Non-Refundable Payments: All deposits, final payments, and agency service fees are non-refundable per supplier and agency policy.

Emergency Costs: I am personally responsible for all costs related to medical emergencies, injury, illness, evacuation, repatriation, or delays. My personal health insurance may not cover me outside my home country.

Supplier Default: I am not protected against financial loss due to supplier bankruptcy or failure to perform.

Acts of God/Force Majeure: I accept responsibility for losses caused by events beyond the agency's control, including weather, natural disasters, epidemics, or civil unrest.

Initial Here: _____ (Acknowledging each risk)

Release of Liability

I expressly waive, release, and discharge Wandering Weightlessly, LLC, its owners, employees, and agents from any and all claims, demands, or causes of action, including those arising from ordinary negligence, related to events that would have been covered by Travel Protection Insurance. This includes, but is not limited to, financial loss, injury, illness, death, or property damage.

Agency Role

I understand that Wandering Weightlessly, LLC acts solely as an agent for travel suppliers and does not control or guarantee the performance of any supplier.

Governing Law & Venue

This Waiver shall be governed by the laws of the State of Ohio, and any disputes shall be resolved exclusively in the courts of Cuyahoga County, Ohio.

Severability

If any provision of this Waiver is found unenforceable, the remaining provisions shall remain in full force and effect.

Acknowledgment

I have read, understood, and voluntarily agree to the terms of this Waiver. I understand the serious financial and personal risks of declining travel insurance.

Client Name (Printed): _____

Client Signature: _____

Date: _____

WARNING: By declining travel insurance, you assume full financial risk for all losses and expenses.