

**Melo's Travel World**  
**TRAVEL INSURANCE WAIVER FORM**

I am refusing travel insurance for my trip.

The risks for declining coverage have been explained to me by my Travel Advisor. I understand that declining travel insurance will mean I will lose all benefits of coverage and I fully accept that risk. I am aware that my own medical insurance may not cover me outside of the United States of America.

I UNDERSTAND THAT I WILL NOT BE COVERED FOR:

- Lost luggage
- Missed connections or train delays
- Emergency air lift assistance
- Emergency medical and/or dental assistance
- Emergencies at home affecting me and/or my immediate family (children, grandchildren, aunts, uncles, brothers, sisters, nephews, nieces)
- Death of myself and/or my immediate family (children, grandchildren, aunts, uncles, brothers, sisters, nephews, nieces)
- Supplier default and/or bankruptcy
- Any other covered circumstances as outlined in the offered travel insurance policy

I understand that I may lose up to 100% of the cost of my cruise/vacation package/travel arrangements, plus any cancellation fees from Melo's Travel World and/or other suppliers, if my trip is cancelled or delayed.

I hereby release Melo's Travel World, its administration, personnel, and my Travel Advisor from responsibility for any consequences, both known and unknown, resulting from my refusal of trip cancellation insurance.

I understand that Melo's Travel World has advised me of the importance of such insurance and I will not hold them responsible for any risks or lost funds. By signing this form, I confirm that I do not expect Melo's Travel World to assist me in any way if my trip is cancelled or delayed for any covered reason.

\* Indicates required field

\* I confirm I am Denying Travel Insurance      YES                      NO

\* Date:

\* Email:

\* Signature:

Melo's Travel World  
Victor Sanchez

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