

Lil'Italian Holidays

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Waiver Form

TRAVEL INSURANCE DECLARATION

I (name)of (address)
.....on (date).....

have declined against taking out travel insurance.

The booking conditions and cancellation charges of my travel arrangements have been clearly explained and penalties will apply if there are any changes, alterations or cancellation to my booking.

I have been advised of the travel insurance inclusions and benefits and have elected to decline travel insurance. I take full responsibility & accountability of any incidents that may occur, including any medical requirements, loss of luggage or theft or cancellations of any nature.

.....

(Signature)

.....

(Date)