



# UNITED STATES LIGHTHOUSE SOCIETY

9005 Point No Point Rd. NE \* Hansville, WA 98340 \* Phone: 415-362-7255 \* [www.uslhs.org](http://www.uslhs.org)

## United States Lighthouse Society Travel Protection Waiver

Name of Tour: \_\_\_\_\_

Start Date of Travel: \_\_\_\_\_

End Date of Travel: \_\_\_\_\_

Total Cost of Trip: \_\_\_\_\_

I have been advised to obtain travel protection / trip insurance by the United States Lighthouse Society for all tour participants.

As a reminder if you wish to obtain trip protections plans please purchase it within 14 days of your first tour payment.

**By my/our signature(s) below I / we decline to purchase travel protection / trip insurance. I /we understand that I / we are solely responsible for any cancellations penalties and out-of-pocket expenses incurred. I / we will also make my/our own separate travel, medical and any other provisions in the event of an emergency while I / we are traveling. I / we also understand that I / we are not protected from loss in the event of any travel vendor, travel supplier or any travel-related operator default. This waiver confirms that I / we voluntarily decline travel insurance and travel protection insurance for the trip described above. I / we understand I / we are solely liable for all airline fees, supplier fees, and agency fees that may apply and I / we hereby release United States Lighthouse Society and its agents from any all liability related to the trip described above.**

**I / we have read this document and understand the consequences resulting from my / our decision to decline trip protection and trip insurance.**

**This waiver must be signed by each adult traveler over 17 years old.**

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

Print Name \_\_\_\_\_

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

Print Name \_\_\_\_\_