



Educational & Leisure Group Tours

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## INSURANCE WAIVER FORM

**I DO NOT WANT TO BUY INSURANCE FROM E&L GROUP TOURS BECAUSE I HAVE MY OWN TRAVEL INSURANCE**

GROUP OR SCHOOL NAME \_\_\_\_\_

PROGRAM COST \$ \_\_\_\_\_

DATES OF TRAVEL \_\_\_\_\_

INSURANCE PRICE \$ \_\_\_\_\_

NAME \_\_\_\_\_

DATE OF BIRTH (MM/DD/YEAR) \_\_\_\_\_

GENDER M F

ADDRESS \_\_\_\_\_

I, the undersigned or my parent or guardian if under 18, an applicant for the tour (name of the tour)

\_\_\_\_\_ arranged by my school or group and E&L GROUP TOURS agree to waive (I AM NOT PAYING FOR) the insurance provided by E&L GROUP TOURS. I understand that E&L GROUP TOURS is NOT financially responsible for any costs resulting from health problems, medical expenses, baggage loss, trip interruption, trip cancellation or any other cost not included in the trip itinerary.

PRINT NAME (guardian if under 18) \_\_\_\_\_

SIGNATURE (guardian if under 18) \_\_\_\_\_

DATED this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_\_