



Italy 2020

waiver form

I understand that there are certain risks associated with travel including, but not limited to those covered by travel insurance products. I also understand that the Travel Resource Center, LLC has offered to provide quotations for the cost of travel insurance and also medical coverage to reduce some of the risks connected to travel in the event arranged for that includes travel to Ital in May of 2020.

I have instructed the Travel Resource Center, LLC to provide me with quotes for the following products:

- Travel Insurance offered by Allianz Global
- Medical insurance
- None, I am waiving the offer from the Travel Resource Center, LLC I realize purchase of this insurance is not required to participate in the Italy 2020 event. I also understand that I am free to purchase similar coverage from a source of my choosing

The choice above applies to myself and any other person who is included in the same bookings in which I am a part of in connection with this event.

Signature

Name (printed legibly)

Date