

INSURANCE WAIVER

I (We),

Name(s)

have decided to decline the insurance offered to us by _____ Judith Ivison *
Name of Agent

on behalf of Goldrush Getaways. We were fully informed of the penalties involved should we decide to cancel or change our travel plans.

Signature

Date

Signature

Date

Address

City, State, Zip

Telephone Number

* Independent Contractor for Goldrush Getaways