

SCHOOL NAME

School Location

I understand that travel insurance is cited as mandatory by my travel company and has been shown as such in all documentation issued since receiving my initial quote for our trip to _____(destination). Our district, however, has approved us to travel without a specific travel insurance policy. In doing so, we understand that we will be completely responsible for the following elements and any costs or considerations associated with these or other concepts normally covered by a travel insurance policy:

- All travel related issues - including flight cancellation, interruption and/or other issues that may cause our flights or other elements of our tour to be cancelled and requiring:
 - Additional flight purchase/changes
 - Additional hotel rooms/changes
 - Additional transportation/changes
 - Addition meals/beverages
 - Other unforeseen costs

This includes acts of God, such as weather and natural disasters, where the airline, hotels and other suppliers will not be required to re-ticket our party and all costs must be absorbed by the school/parents independently. This also includes traffic accidents and other issues causing roads to be obstructed which may cause a delay in getting to the airport by our required departure time.

- All medical expenses that may result from injury or illness of any passenger traveling with our party.
- Travel protection resulting from injury/death/hijacking/quarantine/evacuation of any kind.

In signing, I agree that I am the person legally responsible to make this decision on behalf of our school and our traveling students. I agree to take full responsibility and financial accountability for traveling without a travel insurance policy. I understand I am entitled to no refunds of any type. I agree to hold History Hitch and their parent company, Hammock Expeditions, and their employees and associates, harmless from any legal or financial matters as a result in operating our trip without required travel insurance.

Printed Name: _____ Date: _____

Signature: _____ School: _____

Witness Printed Name: _____ Date: _____

Witness Signature: _____