INSURANCE W	/AIVER:
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Date:_____ Name:_____

A Moveable Feast Travel, LLC. strongly encourages each of our clients purchase comprehensive travel insurance. Unforeseen health or family events may cause trip interruption, lelay or cancellation. Protecting your journey, ensures that your travel investment is protected.
Should you decline travel protection, please complete this waiver:
,, understand that my trip is nonrefundable. I also understand the potential isks associated with the failure to obtain travel insurance. Understanding and accepting those isks, I,, decline to protect my investment.