



WAIVER

You have chosen not to obtain travel insurance for the trip that you have booked through McSoli Tours. Please be advised that it is highly recommended that you obtain travel insurance.

**BY SIGNING THIS DOCUMENT YOU WILL GIVE UP CERTAIN
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE
PLEASE READ IT CAREFULLY BEFORE SIGNING**

MCSOLI TOURS is in the business of providing travel services and is not an insurer. In this regard the CUSTOMER payments to MCSOLI TOURS are for the provision of travel services only, and must not be construed as an insurance premium. Both the CUSTOMER and MSCOLI TOURS recognize that the possibility of loss or damage may arise as a result of the CUSTOMER'S failure to obtain travel insurance. Notwithstanding any statute or rule of law to the contrary, MCSOLI TOURS shall not be liable in any way for any claim, loss, damage or expense, including without limitation any claim, loss, damage or expense relating to medical expenses, baggage loss or damage, trip cancellation, and any other loss, damage, or expense covered by travel insurance that is incurred by the CUSTOMER or any employee, agent or independent contractor of or with the CUSTOMER on whose behalf the CUSTOMER hereby contracts as agent, arising, either directly or indirectly, from the provision of products or services to the CUSTOMER by MCSOLI TOURS. Further, MCSOLI TOURS will not assume responsibility for losses associated with the failure to purchase travel insurance. The CUSTOMER agrees to indemnify MCSOLI TOURS with respect to any claim, loss, damage or expense, including without limitation any claim by a third party, arising in relation to the CUSTOMER'S failure to obtain travel insurance. It is MCSOLI TOURS' recommendation that a policy of travel insurance be obtained to cover medical expenses, baggage loss or damage, cancellation insurance and any other coverage that may be applicable.

Please fill in your contact information below.

Full Name of the Customer: _____

Address: _____

City: _____ **Postal Code:** _____

Phone Number: _____ **Work Phone Number:** _____

Cellular Phone Number: _____

I hereby assume all the risks above and have read the waiver and release and agree to it.

Signature: _____

Signature of Witness: _____

Released Party: **MCSOLI TOURS Inc.**
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Richmond BC V6X2A9