

Jewish National Fund of Canada JNF Solidarity Mission to Israel February 9-13, 2025 Insurance Waiver

1. I/we understand that I/we am responsible to take out a full comprehensive insurance package.

| Trip Cancellation Emergency Hospital/Medical Accident Baggage | |
|---|----------------------------|
| 2. I/we, the undersigned will not hold the Travel Agent, Tour Operator, Jewish National Fund of Canada responsible for any expenses incurred as a result of: | |
| a) My/our decision not to purchase travel insurance.b) Any additional single supplement costs if my travelling companion is unable to travel and to travel.c) The amount of sums insured or principal sums of insurance I/we have selected. | I I still choose |
| 3. I confirm that I am in good health and capable of walking long distances. | |
| 4. JNF, the Travel Agent and/or Tour Operator, its affiliates and related persons act only as agents for hotels, bus companies and those providing accommodations, transportation, me sightseeing or other pertinent services and shall, in no way, be liable for, damage, loss, according or other irregularity to any person or property. | als, tours, |
| 5. JNF, the Travel Agent and/or Tour Operator does not assume responsibility for failure of to obtain the necessary documentation to travel; failure of the passenger to arrive at the air the day of departure or missed connection; the need for the Travel Operator to change itine substitute hotels, accommodations or services provided that every effort is made to supply comparable services and accommodations available. | port on time on eraries or |
| I/We have the authority to sign on behalf of | - |
| Date of Travel: | |
| Client's Name: | |
| Cient's Signature: | |
| Date of Signature: | |
| On behalf of Jewish National Fund: | |
| Date of Signature: | |
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