



KALIKOSMOS TRAVEL MEMBERS, INDEPENDENTLY CONTRACTED WITH TRAVEL LEADERS
ACKNOWLEDGMENT OF INSURANCE ADVICE/ FEE INFORMATION/ TERMS/ AGENT DISCLAIMER

PLEASE READ CAREFULLY! KALIKOSMOS TRAVEL, ITS AGENTS, AND THEIR INDEPENDENTLY CONTRACTED HOST AGENCY TRAVEL LEADERS/LEONE TRAVEL CORP (HEREAFTER CALLED "THE AGENCY") STRONGLY RECOMMEND YOU PURCHASE INSURANCE FOR THE PROTECTION OF YOUR HEALTH, YOUR PROPERTY (BAGGAGE), AND YOUR TRIP COST. INSURANCE OFFERING VARIOUS COMBINATIONS OF THIS COVERAGE IS AVAILABLE FROM MANY SOURCES (FOR INSTANCE, THE INSURANCE OFFERED BY TOUR/CRUISE OPERATORS COVER CANCELLATION BUT NOT BANKRUPTCY) THE TRAVELGUARD COST FOR THIS TRIP IS BASED ON THE PER PERSON COST OF THE TRIP, THE AMOUNT OF COVERAGE CHOSEN AND AGE OF EACH PASSENGER AT THE TIME OF BOOKING. SOME POLICIES AND EXTENDED COVERAGE ARE ONLY OFFERED FOR A SPECIFIC PERIOD STARTING FROM THE DATE THE INITIAL DEPOSIT IS APPLIED. CONTACT YOUR AGENT FOR DETAILED RATES AND FOR INFORMATION ON WHICH POLICY PROTECTS YOU BEST. INFORMATION ON TRAVELGUARD'S AVAILABLE POLICIES CAN BE FOUND AT WWW.TRAVELGUARD.COM. MY SIGNATURE BELOW IS EVIDENCE THAT I HAVE BEEN ADVISED THAT TRAVEL INSURANCE IS AVAILABLE AND THAT INFORMATION HAS BEEN GIVEN TO ME OFFERING COVERAGE FOR ALL TYPES OF TRAVEL SITUATIONS. MY SIGNATURE IS ALSO EVIDENCE THAT I HAVE ASKED ANY QUESTIONS I HAVE ABOUT THE COVERAGES AVAILABLE. I UNDERSTAND THAT WHILE MY AGENT IS HERE TO SERVE ME TO THE BEST OF HER ABILITY, SHOULD A TRAVEL EMERGENCY ARISE AND SHOULD MY AGENT BE UNAVAILABLE, I UNDERSTAND I SHOULD CALL TRAVELGUARD'S 24 HOUR CONCIERGE SERVICE NUMBER. HOWEVER I UNDERSTAND THIS SERVICE IS ONLY AVAILABLE SHOULD I CHOOSE TO ADD TRAVELGUARD PROTECTION TO MY PURCHASE. SHOULD I HAVE OPTED TO NOT PURCHASE TRAVELGUARD TO COVER MY TRIP AND SHOULD MY AGENT BE UNAVAILABLE DURING A TRAVEL EMERGENCY, I UNDERSTAND THAT MY AGENT WILL CONTACT ME AS SOON AS POSSIBLE AND IN THE MEAN TIME IT IS MY RESPONSIBILITY TO RESOLVE EMERGENCY TO THE BEST OF MY ABILITY. I ACKNOWLEDGE THAT I HAVE ALSO READ AND ACCEPT ADDITIONAL CONDITIONS OF AIR TRAVEL THAT CAN BE FOUND AT WWW.KALIKOSMOS.COM/TERMS.

AGENCY FEES: THE AGENCY CHARGES A NON-REFUNDABLE SERVICE FEE OF NO LESS THAN 40.00 PER PERSON ON ALL TOUR AND CRUISE BOOKINGS. THESE FEES HAVE BEEN INCLUDED IN YOUR TOTAL BOOKING COST, ARE CHARGED WITH THE DEPOSIT, AND WILL APPEAR AS A SEPARATE CHARGE ON YOUR CREDIT CARD STATEMENT.

TERMS OF CHANGES AND CANCELLATIONS: ONCE BOOKED, THE AGENCY WILL ASSESS ADDITIONAL FEES FOR CHANGES MADE TO THE BOOKING. IF THIS PACKAGE IS CANCELLED AFTER DEPOSIT, A 10% SERVICE FEE WILL BE ASSESSED ON THE TOTAL PACKAGE PRICE. IF THIS PACKAGE IS CANCELLED AFTER FINAL PAYMENT, A 20% SERVICE FEE WILL BE ASSESSED ON THE TOTAL PACKAGE PRICE. THESE FEES ARE IN ADDITION TO ANY CHARGES/CANCELLATION FEES INCURRED BY THE SUPPLIER AND WILL BE AUTOMATICALLY CHARGED TO THE CREDIT CARD ON FILE WHEN THE CHANGE OR CANCELLATION IS APPROVED IN WRITING. IF TRAVELGUARD IS PURCHASED AND IF THE PACKAGE IS CANCELLED FOR AN INSURED REASON, YOU MUST FILE A CLAIM WITH TRAVELGUARD TO BE REIMBURSED FOR ALL CANCELLATION PENALTIES.

AGENT DISCLAIMER: I UNDERSTAND THAT THE AGENCY IS NOT THE SOURCE OF THE SUPPLIER OF THE SERVICES I HAVE REQUESTED AND ACTS SOLELY AS AN AGENT FOR THE ACTUAL SUPPLIERS OF SUCH SERVICES. I HAVE BEEN ADVISED THAT THE SUPPLIERS WHOSE NAMES APPEAR IN THE QUOTE INFORMATION SUPPLIED TO ME ARE THOSE WHO ARE ACTUALLY RESPONSIBLE FOR PROVIDING THE TRAVEL SERVICES I HAVE PURCHASED. I CONSENT TO AND REQUEST THE USE OF THOSE SUPPLIERS AND AGREE NOT TO HOLD THE AGENCY RESPONSIBLE SHOULD ANY OF THESE SUPPLIERS FAIL FOR ANY REASON, INCLUDING BANKRUPTCY, TO PROVIDE THE TRAVEL SERVICES I HAVE PURCHASED. THE AGENCY HAS NO SPECIAL KNOWLEDGE REGARDING THE FINANCIAL CONDITION OF THE SUPPLIERS, UNSAFE CONDITIONS, HEALTH HAZARDS, WEATHER HAZARDS, OR CLIMATE EXTREMES AT LOCATIONS TO WHICH YOU MAY TRAVEL. FOR INFORMATION CONCERNING POSSIBLE DANGERS AT DESTINATIONS, THE AGENCY RECOMMENDS CONTACTING THE TRAVEL WARNINGS SECTION OF THE U.S. STATE DEPARTMENT AT 202-647-5225 OR WWW.TRAVEL.STATE.GOV. FOR MEDICAL INFORMATION, THE AGENCY RECOMMENDS CONTACTING THE CENTER FOR DISEASE CONTROL AT 877-FYI-TRIP OR WWW.CDC.GOV/TRAVEL. I ASSUME FULL AND COMPLETE RESPONSIBILITY FOR CHECKING AND VERIFYING ANY AND ALL PASSPORT, VISA, VACCINATION, OR OTHER ENTRY REQUIREMENTS OF MY DESTINATION(S), AND ALL CONDITIONS REGARDING HEALTH, SAFETY, SECURITY, POLITICAL STABILITY, AND LABOR OR CIVIL UNREST AT SUCH DESTINATION(S). I HEREBY RELEASE THE AGENCY FROM ALL CLAIMS ARISING OUT OF ANY PROBLEMS COVERED IN THIS PARAGRAPH. I AGREE THAT THE COURTS OF SHELBY COUNTY, TENNESSEE WILL BE THE EXCLUSIVE JURISDICTION FOR ALL CLAIMS BROUGHT BY ME, AND I HEREBY SUBMIT TO THE PERSONAL JURISDICTION OF THOSE COURTS.

CUSTOMER SIGNATURE DATE

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I ACCEPT / I DECLINE - TRAVELGUARD INSURANCE.

YOUR DEPOSIT CANNOT BE APPLIED UNTIL THE SIGNED WAIVER HAS BEEN RETURNED