LOV-2-ESCAPE TRAVEL AGENCY

PERSONAL DATA SHEET

NAME:_____ Prefix:_____ Suffix:_____
First Middle Last

Home Address:_____ City:_____

State:_____ Zip Code:_____ County:_____ Phone:_____

Email:_____ **DOB:**_____ Gender:_____

Travel Insurance Waiver

All travel insurance must be PREPAID if you elect to purchase the insurance at the time of booking

I,_____ the undersigned, have been offered and the purchase of Trip Cancellation Insurance (including air, hotel, cruise and tour operator default) and travel accident/medical/trip interruption/ baggage delay insurance. I,_____the undersigned, will not hold LOV-2-ESCAPE TRAVEL and/or its agents responsible for any losses incurred resulting in delay or cancellation of my trip, accident, sickness, death, stolen/damaged baggage or property. I understand that if I encounter losses during my trip, such claims are to be made directly to the travel service supplier and not Lov-2-Escape Travel Agency.

Accept ☐ Signature:_____ **Decline** ☐ Signature: _____

Emergency Contact Form

IN CASE OF A SERIOUS EMERGENCY, THE FOLLOWING INFORMATION IS NECESSARY FOR EACH CUSTOMER TRAVELING.
FILL OUT BOTH AS NEEDED.

Name:_____ Name: _____

Address:_____ Address:_____

Number:_____ Number:_____

All personal information given to Lov-2-escape travel will be held in the strictly confidential.

Signature:_____ Date:_____

Instructions: Fill out the form, save it as your First & Last Name. Forms can be faxed or emailed back to (E)mhogan@lov2escapetravel.com or (F)1-866-514-5868

Form Revised 04//2//2018

Submit This Form