

TRAVEL: Please complete form and submit signature online.	
Travel Counselor's Name	Travel Start Date
Travel Verification: (Signature REQUIR receive this completed form. Thank you.	ED) Note that travel documents can not be released until we
Magic for Less Travel and I agree that they are correct a	cancellation policy for reservations made on my behalf by The nd accurate. Notice: Passenger(s) are required to carry proper ble for understanding & obtaining the proper travel documents in
The Magic for Less Travel acts as a sales agent for any air service provider named in your itinerary ("Suppliers"). The N Suppliers or their failure to provide services or adhere to their The Magic for Less Travel assumes no responsibility for	and shall not be liable for any refund, personal injury, property
negligent acts, or omissions of the Suppliers; (2) any defect owned, operated, or otherwise used or provided by the Suppli of any other party not under the Magic for Less Travel's conti	egularity which may be caused by: (1) any defaults, wrongful or in or failure of any vehicle, craft, equipment, or instrumentality ers; or (3) any wrongful or negligent acts or omissions on the part rol. You hereby release The Magic for Less Travel from all claims
health hazards, weather hazards, or climate extremes at locatic dangers at destinations, The Magic for Less Travel recomm Department at (202) 647-5225 or www.https://travel.state.gov/content/passports/en/alertswarnings/wohttps://travel.state.gov/content/passports/en/alertswarnings/eur Less Travel recommends contacting the Centers for Disease full and complete responsibility for checking and verifying an your destination(s), and all conditions regarding health, saft destination(s). You hereby release The Magic for Less Tr paragraph. You agree that the courts in Allegheny County wil Magic for Less Travel, and you hereby submit to the personal You assume full and complete responsibility for checking requirements of your destination(s), and all conditions regar unrest at such destination(s). Many Foreign Governments wil This includes DUI, DWI, reckless driving, negligent driving, to	rope-travel-alert.html. For medical information, The Magic for Control at (877) FYI-TRIP or www.cdc.gov/travel. You assume y and all passport, visa, vaccination, or other entry requirements of ety, security, political stability, and labor or civil unrest at such avel from all claims arising out of any problem covered in this l be the exclusive jurisdiction for all claims brought by you or The jurisdiction of those courts.  and verifying any and all passport, visa, vaccination, or other entry ding health, safety, security, political stability, and labor or civil l DENY ENTRY for past federal, state, and local criminal actions. misdemeanor drug possession, all felonies, shoplifting, theft, etc.
Please have each member of your party, over age 18, listed on	this document and have the lead member sign the document.
Signature: P	rint Name
Print Name:	
Travel Insurance Notification: (Signature REQUIRED).	
[ ] I hereby waive travel insurance.	
[ ] I hereby accept travel insurance. I agree insurance program.	e to all of the terms and conditions of the

Client Signature: