

BLENDS TRAVEL SERVICE WAIVER FORM

Please note effective August 17th, 2018 ALL clients of Blends Travel are required to sign and submit the below agreement:

I understand that Blends Travel is not the source or supplier of the travel 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 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 Blends Travel responsible should any of these suppliers: 1) fail to provide the travel services I have purchased; 2) fail to comply with any applicable law; or 3) engage in any negligent act or omission that causes me any sort of injury, damage, delay or inconvenience.

I accept that Blends Travel is not responsible for, nor will I attempt to hold it liable for, any injury, damage or loss I may suffer on account of any conditions, actions or omissions that are beyond its reasonable control.

I further understand and acknowledge that travel to many parts of the world may involve the risk of a variety of hazards to my health and/or safety, including but not limited to disease, crime, terrorism and warfare. Because each traveler's risk tolerance is different, Blends Travel is not in a position to advise me whether I should travel to any particular place at any particular time. Rather, to assist me in making an informed decision, I should refer to objective third-party sources of travel information, such as that maintained by the U.S. Department of State (travel.state.gov).

I will review my travel documents for accuracy upon receipt and understand that I may contact Blends Travel if I have any questions. I understand that discounted fares typically involve restrictions and that changing any aspect of my travel arrangements may result in the payment of additional money.

I have been advised to use a credit card as this may offer me the opportunity to dispute the charge should a vendor cease operating.

I understand that the Transportation Security Administration (TSA) requires me to carry a government issued identification card in order to board a flight. I have

been advised that the name, date of birth and gender that appears on the identification card must exactly match the same such data that is listed on my airline ticket and in my booking records. I acknowledge that my failure to strictly comply with these requirements may result in denied boarding or an undue delay at an airport security checkpoint causing me to miss my flight.

I understand that if traveling internationally, I must have a valid passport and, depending upon my destination and nationality, I may need to obtain one or more visas.

Note to Client: Passport and visa information may be obtained by contacting the Travel Advisory Section of the U.S. State Department at 202.647.5225 or by visiting the State Department's Web site at travel.state.gov. Non-U.S. passport holders should be sure to contact the embassies of their destination and transit countries to obtain entrance requirements. To obtain medical information, you may contact the Centers for Disease Control at 404.332.4559 or visit the CDC's Web site at www.cdc.gov

I understand that the airline tickets, air tours or other products I am purchasing are subject to supplemental price increases that may be imposed after the date of purchase. Post-purchase price increases may be applied due to additional costs imposed by a supplier or government. I acknowledge that I may be charged additional sums by Blends Travel to offset increased fees, fuel surcharges, taxes, fluctuations in foreign exchange markets or any combination thereof. I hereby consent to any post-purchase price increases and Blends Travel to charge my credit card for such additional amounts.

I understand that I may purchase travel insurance to cover certain risks inherent in travel such as supplier bankruptcy and the inability to travel due to a medical or personal emergency. Please check and initial your acceptance or refusal of travel insurance below.

Name: _____ Date: _____

Signature: _____ Email: _____

- **Blends Travel Service Waiver Agreement**

- * Indicates required field Insurance Acceptance *