

Due 10/28/22

Travel Insurance Option

Please check the appropriate box below and return this form to the trip leader.

I elect NOT to purchase Travel Insurance for this trip.

I elect TO purchase Travel Insurance for this trip. I understand that if I choose to purchase Travel Insurance for this trip that I shall purchase the insurance DIRECTLY from an insurance company. I further understand that I am not purchasing the Travel Insurance through or from the District and that the District is not responsible for, and has no liability with regard to, any Travel Insurance I secure.

Parent's Name: (please print): _____

Signature: _____

Child's Name: (please print): _____

Date: _____