



Vacations

ACCEPTANCE FORM

First Name _____ Last Name _____

Booking Number _____ Departure Date _____

I have reviewed the Travel Protection Plus options available at <https://alg.www.vaxvacationaccess.com/vacation-packages/travel-protection-plus> and understand that Travel Protection Plus can only be added within 7 days of deposit or before final payment (whichever comes first).

Travel Protection Plus: (Must select one)

- I accept Travel Protection Plus. Full plan details are available at: <http://www.tripmate.com/wpGR430U>
- I decline Travel Protection Plus and understand that if I cancel or change for any reason including medical, I will be subject to full penalties and any refund for air-inclusive packages will be in the form of a future travel credit. In addition, I understand that I will have no coverage for trip interruption, travel delay, medical expenses, baggage and more.

Acceptance of Terms & Conditions:

- I understand the Hazardous Materials Restrictions and have read and agree to the United Vacations® [Terms and Conditions](#).