

Performer Travel Insurance Waiver

I, the undersigned, acknowledge that I have been informed of the option to obtain travel insurance in connection with my participation as a performer. I understand the risks of traveling without insurance and voluntarily waive any claim against the organizers relating to travel incidents or losses.

Performer Name

Date of Birth

Contact Email

Phone Number

Event/Performance Name

Travel Dates (From - To)

Location(s) of Travel

Additional Notes

Signature

Date