



DISCLAIMER FORM

Epicurean Ways 507 Nottingham Road Charlottesville, Virginia 22901 USA
Phone: 866-642-2917 Fax: 434-227-4191 email: info@epicureanways.com

Client Name: _____
First Name Last Name

Client Name: _____
First Name Last Name

Address: _____
Address City State

Zip Code Country

Phone: _____ - _____ - _____

email Address: _____

Trip: _____

Travel Dates: _____ to _____

Terms & Conditions and Waiver and Release of Liability: Signature REQUIRED

[] I/We hereby agree to the Epicurean Ways Terms and Conditions and Waiver and Release of Liability found on the Epicurean Ways website.

Date: ____/____/____ Client Signature: _____

Date: ____/____/____ Client Signature: _____



Trip Insurance Notification: Signature REQUIRED

Trip insurance is strongly recommended by Epicurean Ways to protect clients from certain situations that could cause this trip to be cancelled, interrupted, and/or delayed resulting in a loss of time and monies.

[] I/We hereby waive trip insurance. I/We understand that Epicurean Ways will be held free of any claims made as part of this trip/travel activity.

Date: ____/____/____ Client Signature: _____

Date: ____/____/____ Client Signature: _____

[] I hereby accept trip insurance. I agree to all of the terms and conditions of the insurance program.

Date: ____/____/____ Client Signature: _____

Date: ____/____/____ Client Signature: _____

Food Allergies and Dietary Restrictions: Signature REQUIRED

I/We have the following food allergies and/or dietary restrictions. Note that not all allergies and restrictions can be accommodated.

Date: ____/____/____ Client Signature: _____

Date: ____/____/____ Client Signature: _____