

# Medical Emergency Flight Waiver

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], holder of passport number [Your Passport Number], acknowledge that I am voluntarily participating in international travel with the understanding that I may encounter medical emergencies during the trip.

I hereby waive any rights to claims or actions against [Airline Name] and its affiliates pertaining to any medical emergencies that may arise during transit, including but not limited to, medical evacuations or treatments required en route.

I confirm that I have obtained appropriate travel insurance which covers medical emergencies for the duration of my trip, and I take full responsibility for any medical costs incurred during my travel.

Should any situation arise that results in my inability to make decisions regarding my medical care, I authorize [Name of a Trusted Individual] to make decisions on my behalf.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]