

# Medical Emergency Flight Waiver

Date: \_\_\_\_\_

To: [Travel Agency Name]

Address: [Travel Agency Address]

Subject: Medical Emergency Flight Waiver

Dear [Travel Agency Representative],

I, [Your Full Name], residing at [Your Address], hereby acknowledge and agree to the following terms regarding my upcoming flight scheduled for [Flight Date] from [Departure City] to [Destination City].

Due to a medical emergency, I understand that I may need to make changes to my travel plans. I hereby waive any claims against [Travel Agency Name] for issues that may arise from the cancellation or rescheduling of my flight as a result of this medical situation.

I confirm that I have provided all necessary documentation related to my medical condition and that I am fully aware of the implications of this waiver.

Thank you for your understanding and assistance during this time.

Sincerely,

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[Your Full Name]  
[Your Contact Information]