

MEDICAL CANCELLATION COVER

THIS FORM COVERS TWO PEOPLE SHARING THE SAME ACCOMMODATION WHERE **BOTH** GUESTS ARE JOINING THE SCHEME AND NEEDS ONLY ONE PERSON TO SIGN .
THE FORM ALSO COVERS SINGLE OCCUPANCY ACCOMODATION.

NAME (Block Capitals)

I have read, understood and fully accept the conditions of the scheme.

SIGNED DATE

HOLIDAY VENUE / DATE

Please read the following very carefully, as the requirements/conditions listed below go to the root of our scheme. We would stress that we do not ask about your age nor details of any pre-existing health conditions. Nor do we necessarily exclude anything that arises as a result of a pre-existing medical condition and there is no upper age limit.

1) The cost is just £7.50 per person per holiday and applies to one named person and one specified holiday/tour only.

2) Our scheme was originally based on Financial Services Authority Document 150, Paragraphs 1.6.1 and 1.7.1. Our scheme is a discretionary scheme and as such we reserve the absolute right to accept or decline anyone joining the scheme. We also reserve the right in our discretionary scheme to allow or decline any claim.

3) Our scheme is solely aimed at non-attendance due to a personal illness, or other personal personal medical circumstance that prevents you attending one of our UK holidays or Club Tours. We would stress that this scheme does not cover the curtailment of your holiday/Club Tour whilst you are away with us, nor any other circumstance or expense.

4) A spouse/partner/guest who is sharing your accommodation will also qualify for a refund consideration provided they have also joined the scheme. Fee's must be paid at the same time as your holiday deposit. Late joining will only be allowed at our discretion.

5) CLAIMS NOTIFIED PRIOR TO 7 DAYS FROM THE START DATE OF YOUR HOLIDAY WILL GET A FULL REFUND. CLAIMS NOTIFIED UNDER 7 DAYS FROM THE START OF YOUR HOLIDAY WILL RESULT IN A LOST DEPOSIT. BUT ALL OTHER MONIES WILL BE REFUNDED. IN EITHER OF THE PREVIOUS CIRCUMSTANCES THE CANCELLATION PREMIUM WILL BE DEDUCTED FROM ANY REFUNDS.

PLEASE NOTE: IN ORDER TO MAKE A REFUND WE REQUIRE A MEDICAL CERTIFICATE OR DOCTORS LETTER Etc. . TO VERIFY YOUR CLAIM. WE CAN SUPPLY A FORM FOR YOUR DOCTOR TO SIGN IF REQUIRED. IF YOU HAVE YOUR OWN INSURANCE WE CAN SUPPLY FINANCIAL STATEMENTS FOR THEM, WHICH THEY ALL USUALLY REQUIRE.

So what do I have to do to if I am unable to attend?

- Telephone us **IMMEDIATELY** and let us know you are unable to attend, **DO NOT LEAVE IT UP TO ANYONE ELSE TO NOTIFY US.**
- Follow up with documentary proof verifying that your non-attendance was through a personal illness. If you require a form please read the above note.
- If all of our conditions have been met we will give every consideration to a refund of your holiday money.

BREAKAWAY LEISURE Ltd.

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