RIGHT OF WAIVER - INSURANCE

Form

You may, if you wish, use the waiver form below:

"I the undersigned, Surname, first name, date and place of birth,

having made **booking no.** _ _ _ _ _ _ _/_ _/_ _/ _ _ _

wish to waive the cover provided in insurance policy no. 0800991 taken out by me with INTER PARTNER Assistance on the (Date)."

Done at (Place)

On the Signature :

Exercising your right of waiver

You may exercise your right of waiver by recorded delivery letter or by E-mail to the Futuroscope Destination booking office (Service Relations Clientèle - CS 93030 - 86133 JAUNAY CLAN CEDEX or relationsclientele@futuroscope.fr). The letter or E-mail must be sent before 14 calendar days have passed from the date on which the contract was entered into (date of payment of your file including cancellation insurance).

If you already possess prior cover against one of the risks covered by the contract taken out and you wish to exercise your right of waiver, your request must include documentary proof of coverage against one of the risks covered by the new contract.