Liability Insurance Waiver Agreement: PRIVATE ORGANIZATION NAME REQUESTING

By signing, I understand that as an active and voting member of this organization, the President or his/her designee requests an annual insurance waiver from the 39th Mission Support Group Commander. In accordance with AFI 34-223, Private Organizations (PO) Program, paragraph 10.15, I understand that I remain jointly and severally liable for the obligations of this organization and that the absence of liability insurance places personal assets immediately at risk in the event that the PO incurs debts, such as through lawsuits.

Member Name (Printed)	Member Signature	Date
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