DATE

MEMORANDUM FOR 355 FSS/FSR

FROM: Name of PO

SUBJECT: Insurance Waiver Request

1. The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ requests a waiver of insurance in accordance to AFI 34-223. Our

activities are low risk and impose no high risk of injury to the public or the members of our

organization.

2. Our members are aware and understand they are jointly and severally liable for the obligations of this private organization. We understand the waiver’s conditions and are aware that this request must be reassessed should the nature of our organization’s activities change. Furthermore, we understand that liability insurance may be required for specific events that involve a greater risk of injury or damage. We agree that this insurance waiver will be reevaluated on an annual basis.

3. Any questions regarding this request may be directed to me at 520-XXX-XXXX (Personal phone number).

 PRINT NAME AND WET SIGNATURE

 President

 Booster Club Name

1st Ind, 355 MSG/CC

MEMORANDUM FOR 355 FSS/FSR

Approve/Disapprove

 355MSG Commander’s NAME, Rank, USAF

 Commander, 355thMission Support Group