

Date

MEMORANDUM FOR 92 FSS/FSR  
92 ARW/JA  
92 MSG/CC  
INTURN

FROM: PO Name

SUBJECT: Request for Insurance Waiver

1. The PO Name is requesting an insurance waiver IAW AFI 34-223, *Private Organizations (PO) Program*. We do not engage activities with higher than a negligible risk of liability.
2. We understand an approved insurance waiver does not release individuals in our group, or our group as a whole from personal liabilities resulting from fundraisers or other events. We also understand this request, if approved, is effective for one year and must be renewed before the anniversary date.
3. Planned fundraisers for the year (if any planned yet)...
4. In the event we conduct a fundraiser having a higher risk of liability, we will purchase private insurance for the event as deemed by 92 ARW/JA and/or 92 MSG/CC. If you have any questions, please contact POC (no rank) at 509-123-4567 (not your work phone number).

signature (Wet or Digital Accepted)

Name w/o rank

Position, PO Name