

ddmmyear

MEMORANDUM FOR 92 ARW/JA

FROM: Name of Your Group

SUBJECT: Insurance Waiver Request

1. The Name of Your Group is requesting an insurance waiver IAW AFI 34-223, *Private Organization Program Management*. We do not engage activities with higher than a negligible risk of liability.
2. We understand that having 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 that this request, if approved, will be effective for 1 year and must be renewed before the anniversary date.
3. List the types of fundraisers your group will do.
4. In the event we conduct a fundraiser that may have a higher risk of liability, we will purchase private insurance for that event as deemed necessary by 92 MSG/CC. If you have any questions, please contact POC Name and phone number.

Signature block of exec officer for PO