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| **Insurance Waiver Membership Understanding:**The names and signatures on this form indicate that all members of the **[insert PO name here]** have been notified of their liability as outlined in AFI 34-223, *Private Organization (PO)*, para 10.11. Specifically, members are jointly and severally liable for the actions of the **[insert PO name here]** and recognize this liability by their signature below. Additionally, the President of the **[insert PO name here]** has certified on the final line of the document that all current members of the **[insert PO name here]** have been briefed on the terms of liability |
| Name: | Signature: | Date: |
| Name: | Signature: | Date: |
| Name: | Signature: | Date: |
| Name: | Signature: | Date: |
| Name: | Signature: | Date: |
| President: | Signature: | Date: |