

**[FULL NAME OF PRIVATE ORGANIZATION]**  
**ACKNOWLEDGEMENT OF LIABILITY**

The below-signed members of **[FULL NAME OF PRIVATE ORGANIZATION]** hereby understand and acknowledge the following: The Organization will maintain liability insurance unless the Organization requests through 460 FSS and 460 SW/CC or his or her designee waives the requirement in accordance with AFI 34-223. A copy of the insurance policy or waiver will be provided to 460 FSS. Regardless whether this requirement for continuous liability coverage is waived, the Organization may be required to obtain liability insurance for a specific event that involves a greater risk of injury or damage. If waived, the requirement to maintain liability insurance will be re-evaluated on an annual basis. The Organization's members are aware that we are jointly and severally liable for the obligations of the Organization. The absence of liability insurance places personal assets immediately at risk in the event of the Organization's liability. The Organization holds harmless and will indemnify the United States, Department of Defense, and any of its agents or units for claims arising from any of the Organization's activities.

Printed Name/Signature/Date \_\_\_\_\_

Printed Name/Signature/Date \_\_\_\_\_