

STATEMENT OF UNDERSTANDING OF LIABILITY

from

NAME OF PRIVATE ORGANIZATION

The **NAME OF PRIVATE ORGANIZATION**, a Private Organization (PO), has decided to waive the requirement to have liability insurance. Under AFI 34-223, *Private Organizations*, para 10.15., the PO members must be made aware that they are jointly and severally liable for the obligations of the PO, and their understanding of the liability must be documented. The absence of liability insurance places their personal assets immediately at risk in the event of PO liability. This Statement of Understanding of Liability is being signed by all the PO members to comply with AFI 34-223, para 10.15.

I, the undersigned, understand that members of this **NAME OF PRIVATE ORGANIZATION** are jointly and severally liable for the obligations of this PO. Furthermore, I understand that as a member of **NAME OF PRIVATE ORGANIZATION**, I will be responsible for liabilities that may arise against this PO and that my personal assets are at risk in the event of a liability made against **NAME OF PRIVATE ORGANIZATION**.

Officers (print and sign name)

Date

President, **NAME OF PRIVATE ORGANIZATION**

Vice President, **NAME OF PRIVATE ORGANIZATION**

Secretary, **NAME OF PRIVATE ORGANIZATION**

Treasurer, **NAME OF PRIVATE ORGANIZATION**

STATEMENT OF UNDERSTANDING OF LIABILITY

Members (print and sign name)

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