

Consent to Waive Protections

I, the undersigned, hereby acknowledge that I have been informed of certain protections provided to me under applicable laws and regulations. I understand the nature and scope of these protections and have had the opportunity to ask questions regarding my rights.

By signing this document, I voluntarily agree to waive the specified protections as outlined below. I confirm that this decision is made of my own free will and without coercion.

Full Name:

Date:

Protections to be Waived (please specify):

Signature:

Submit

I understand that I may revoke this waiver at any time by providing written notice to the appropriate party, except to the extent that action has already been taken in reliance on this waiver.