

Financial Support Responsibility Waiver

I, (Name), hereby acknowledge and agree to waive any and all claims to financial support or responsibility from (Name/Institution) effective as of .

I fully understand that by signing this waiver, I relinquish any right to request, claim, or otherwise seek financial assistance, support, or responsibility, now or in the future, related to the referenced individual or institution.

Signed on this day of , (Year).

Signature: _____

Witness: