

# Financial Support Responsibility Waiver

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

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 [REDACTED] day of [REDACTED], [REDACTED] (Year).

Signature: \_\_\_\_\_

Witness: [REDACTED]