



JCS Family

EMPOWERING LEARNERS FOR 20 YEARS

JCS-Cedar Cove JCS LIVE JCS-Manzanita JCS-Mountain Oaks JCS-Pine Hills JCS-Pine Valley

Central Office
PO Box 2470 Julian, CA 92036
760-765-5500
www.jcs-inc.org

Request to Waive Liability Insurance

I, _____, representing _____
(name) (name of business or company)

request that JCS-Inc. waive the requirement that I show proof of my commercial or professional liability insurance, based upon the nature of the service(s) I provide and the location where they are provided, to JCS-Inc. for the purpose of becoming a Educational Enrichment Partner with JCS-Inc.

I understand that if proof of liability insurance is requested by JCS-Inc. I will provide the requested document before my service(s) will be available to students.