



**JCS Family**

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

## **EMPOWERING LEARNERS FOR 20 YEARS**

### **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.