



AFRICAN UNION AGENDA 2063 AMBASSADORIAL ASSEMBLY

WAIVER AND RELEASE OF LIABILITY FORM

Applicant Information:

Full Name:

Date of Birth: Nationality:

Phone Number:

Contact Address:

Email Address:

Waiver and Release of Liability

I, _____ (applicant's full name), hereby agree to the following terms:

- Assumption of Risk:** I understand and acknowledge that my participation in the African Union Agenda 2063 Ambassadorial Assembly activities involves certain risks.
- Release of Liability:** I release and hold harmless the African Union, its officers, directors, employees, and agents from any and all claims, liabilities, or demands arising out of or in connection with my participation in the Assembly.
- Indemnification:** I agree to indemnify and defend the African Union against any claims, damages, or expenses arising from my actions as a member of the Assembly.

Acknowledgement:

I, _____ (applicant's full name), have read and understood this waiver and release of liability form and agree to its terms. I understand that this is a legally binding document and that my signature signifies my voluntary agreement to its terms.

Signature: _____ **Date:** _____

