

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Subject: UJ Waiver Confirmation

Dear [Recipient Name],

I, [Your Name], hereby confirm my intention to waive any and all rights related to [specific rights being waived] as outlined in [specific document or agreement]. This waiver is made voluntarily and with full understanding of its implications.

I acknowledge that I have had the opportunity to seek legal counsel regarding this waiver. By signing below, I confirm my agreement and understanding of this waiver.

Waiver Details:

- Type of Waiver: [e.g., Medical, Liability, etc.]
- Effective Date: [Date]
- Specific Terms: [Brief description of terms]

Please provide written confirmation of the receipt of this waiver.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title, if applicable]

Enclosure: [List any documents enclosed, if applicable]