



## **COMPLAINT RELEASE AND WAIVER FORM**

I, the undersigned individual(s), hereby request that the FLORIDA ASSOCIATION OF ACADEMIC NON-PUBLIC SCHOOLS (FAANS) investigate a complaint that I have against a member organization.

Name of FAANS Member Organization involved in my complaint: \_\_\_\_\_

In consideration of FAANS' receipt, processing, and possible investigation (if any) of my complaint, I unconditionally agree to release FAANS from any and all claims, causes of action, suits, damages, rights to attorney fees, and demands whatsoever in law or equity by reason of any matter, cause or thing whatsoever, and particularly, but without limitation of the foregoing general terms, by reason of any claims or actions arising from any federal or state statutory claim, local ordinance, or common law, including any form of alleged negligence, invasion of privacy, defamation, libel, slander, breach of confidentiality, breach of contract, fraud, misrepresentation, breach of fiduciary duty, or any other types of claims whether or not presently known to exist.

I expressly acknowledge and agree that the information that I have submitted to FAANS may be disclosed to the organizations, school or individuals against whom I have asserted the claims, FAANS' Board, its member schools, investigators, and other third parties, and that I have no reasonable expectation of privacy in the information I have given or that I may later be asked to share with FAANS or others. I further acknowledge that this Release and Waiver is intended to operate to bar any past claims I may have as well as any future claims that may arise as a result of my communications with FAANS or others relating to my complaint submitted to FAANS whether or not presently know to exist and whether or not I fully appreciate the nature of any potential claims.

I further agree that if the complaint I have submitted to FAANS involves my child/children or a child or children over whom I have legal authority, this Release and Waiver applies equally and unconditionally to waive any claims he, she, or they may have against FAANS.

I further acknowledge that FAANS has not promised to investigate my claim. Moreover, even if FAANS does investigate my claim, FAANS may not notify me of the result of the investigation or action taken (if any).

Name of Individual filing complaint: \_\_\_\_\_

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

Title: \_\_\_\_\_

Organization, (if applicable): \_\_\_\_\_

*Date signed:* \_\_\_\_\_