

## Association of Flight Attendants-CWA, AFL-CIO Waiver and Release

I have requested that the Association of Flight Attendants-CWA (AFA) provide me with a list of suggested workers' compensation attorneys (List) to contact regarding a potential Workers' Compensation claim.

I fully understand that AFA is in no way responsible for the provision or performance of such attorneys, or for any payments, fees, costs or expenses of any kind that I may incur in connection with provisions of services by such attorneys.

In exchange for, and in consideration of, receiving the List, I waive and release all claims, grievances, demands, and causes of action of any kind that I have or may have against AFA arising from interactions with the attorneys on the List. Furthermore, I will not assert any claims in regard to such matters against AFA, its officers, representatives or agents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

F/A Name: \_\_\_\_\_

Please Print

File Number: \_\_\_\_\_ Base: \_\_\_\_\_

Premerger Affiliation: UAL\_\_\_\_\_ CAL\_\_\_\_\_ CMI\_\_\_\_\_ Hire date after 8/29/2016?\_\_\_\_\_

Address: \_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**MEMBER: Please return signed dated copy to: 1) [attyrelease@unitedafa.org](mailto:attyrelease@unitedafa.org) or Fax to 847-696-0404; AND 2) Your Local Council Volunteer either by FAX or scan/email**

**LOCAL COUNCIL VOLUNTEER: Keep one copy for local office, and scan/email to [attyrelease@unitedafa.org](mailto:attyrelease@unitedafa.org)**

**OR MAIL TO:**

**ASSOCIATION OF FLIGHT ATTENDANTS-CWA, AFL-CIO (AFA LEGAL DEPT.)  
ONE O'HARE CENTER 6250 N. RIVER ROAD, SUITE 4020  
ROSEMONT, ILLINOIS 60018**