

# 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 names of attorneys 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. 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\_\_\_\_\_ Hire date After 8/29/2016?\_\_\_\_\_

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

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

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

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

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

**MEMBER: Please return signed dated copy to:**

**Local Council Volunteer either by FAX or scan/email**

**LOCAL COUNCIL VOLUNTEER: Keep one copy for local office, scan/email to  
Attyrelease@unitedafa.org or FAX: 847-696-0404**

**OR MAIL TO:**

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