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### Income Verification Letter Sample

To Whom it May Concern:

This letter confirms that [Name] is employed with [Name of Organization]. This is a full-time position. She has worked with us since [Date] and has passed all probationary requirements.

In this current position, [Name] earns [Salary/Wage Amount] and works 40 or more hours a week. A bonus is not guaranteed but is sometimes offered by our company.

Please do not hesitate to contact us if you have any further questions, you can call me at [Phone Number].

Sincerely,

[Signature]

(Your Name)

## Form III-6, Appointment Sign-up Sheet

## Appointment Sign-up Sheet

Time	Day of the Week & Date					
	Monday	Tuesday	Wednesday	Thursday	Friday	
	Date:	Date:	Date:	Date:	Date:	
8:00 - 9:00 AM	Name (N): Phone (P):	Name (N): Phone (P):	Name (N): Phone (P):	Name (N): Phone (P):	Name (N): Phone (P):	
9:00 - 10:00 AM	N: P:	N: P:	N: P:	N: P:	N: P:	
11:00 AM - 12:00 PM	N: P:	N: P:	N: P:	N: P:	N: P:	
12:00 - 1:00 PM	N: P:	N: P:	N: P:	N: P:	N: P:	
1:00 - 2:00 PM	N: P:	N: P:	N: P:	N: P:	N: P:	
2:00 - 3:00 PM	N: P:	N: P:	N: P:	N: P:	N: P:	
3:00 - 4:00 PM	N: P:	N: P:	N: P:	N: P:	N: P:	
4:00 - 5:00 PM	N: P:	N: P:	N: P:	N: P:	N: P:	
5:00 - 6:00 PM	N: P:	N: P:	N: P:	N: P:	N: P:	
6:00 - 7:00 PM	N: P:	N: P:	N: P:	N: P:	N: P:	
7:00 - 8:00 PM	N: P:	N: P:	N: P:	N: P:	N: P:	
8:00 - 9:00 PM	N: P:	N: P:	N: P:	N: P:	N: P:	

## DS/USA, ASA INSURANCE WAIVER &amp; RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in DISABLED SPORTS USA's and Adaptive Sports Assn. programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise **DISABLED SPORTS USA** or **Adaptive Sports Assn.** of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

4. Release, waive, discharge, and covenant not to sue DISABLED SPORTS USA, Adaptive Sports Assn., its affiliated clubs, their representative administrators, directors, agents, coaches, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

IWE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT IWE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X \_\_\_\_\_  
Participant's Name (PLEASE PRINT CLEARLY) Signature Date  
FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above. **EVERY IF ARISING FROM THEIR NEGLIGENCE.**

X \_\_\_\_\_  
Parent's Signature & Emergency Phone Name & Date (PLEASE PRINT CLEARLY)

**MEDIA RELEASE FORM**

Name	Age	Male	Female
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MOVE-IN / MOVE-OUT INSPECTION CHECKLIST

Tenant Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Area / Item	Condition @ move-in	Condition @ move-out
KITCHEN		
Floors / floor covering		
Walls & ceiling		
Windows / locks / screens		
Window coverings		
Doors / knobs		
Light fixtures / bulbs		
Cabinets / cupboards / shelves		
Drawers / countertops		
Sinks / stoppers / faucets		
Drains / plumbing		
APPLIANCES		
Stove / oven		
Outside		
Burners		
Drip pans		
Hood vent		
Timer / controls		
Broiler pan		
Lights		
Refrigerator		
Outside		
Inside		
Disposalage		
Garbage disposal		
Trash compactor		

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