

# PACIFIC TECH

## ASSUMPTION OF RISK AND LIABILITY RELEASE

Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I, \_\_\_\_\_, assume the risks of personal injury and/or property damage in participating in the \_\_\_\_ Degree / \_\_\_\_ Certificate (select one) Program at Pacific Tech. I understand that any violation of campus rules may result in termination of my enrollment in the program and may result in legal charges, if applicable.

I hereby release any and all rights for claims and damages that I may have against Pacific Tech, its trustees, officers, employees and agents, or facilities, including faculty, staff members, and supervisors, now and in the future, due to any personal injury or property loss sustained while enrolled or attending Pacific Tech, including travel to and from the Program's destination(s) and all campuses; and my participation in activities associated with Pacific Tech, including any activities I may engage in during my free time while participating in a Pacific Tech Program. I will not hold Pacific Tech responsible for liability for injury or damages arising from the result of my participation and attendance at Pacific Tech, unless it is due to willful or intentional misconduct or negligence of the part of Pacific Tech.

I acknowledge that Pacific Tech does not offer the opportunity to purchase health coverage from a Health Cooperative of any other Health Coverage Options Policies for myself or my dependents through my enrollment at Pacific Tech.

Please read and initial the options below indicating your current insurance status and preferences:

\_\_\_\_ Student medical insurance coverage information (international students see below)

Insurance company name: \_\_\_\_\_

Policy number: \_\_\_\_\_

\_\_\_\_ I hereby give permission for Pacific Tech administration to authorize emergency medical care on my behalf, if necessary, while enrolled at Pacific Tech.

\_\_\_\_ I do not wish to enroll myself in any type of medical coverage at this time. I do not wish to enroll my spouse or child(ren) in any type of medical coverage at this time.

\_\_\_\_ I am fully qualified to meet the physical and technical requirements necessary to participate in any programs or activities at Pacific Tech. I am at least 18 years old, and I enter this agreement voluntarily (if under age 18, a parent or legal guardian must complete and sign the bottom of this form).

### FOR INTERNATIONAL STUDENTS

I understand that I must provide proof of health, medical, and accident insurance to the Office of Administration as part of my application to Pacific Tech. I understand that, while Pacific Tech may provide clerical assistance to

students in obtaining insurance, this assistance is available only as regards assistance with the completion of forms, etc., and that Pacific Tech cannot and does not accept responsibility for student insurance, copayments, premium payments or rates, or any other part of students' insurance policies.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_