UNDERWOOD UNIVERSITY

FORM F
ASSUMPTION OF RISK AND LIABILITY RELEASE

PLEASE **PRINT**

Student's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

I, _____, assume the risks of personal injury and/or property damage in participating in the _____ Degree Program at Underwood University (UU). 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 UU, 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 UU, including travel to and from the Program's destination(s) and all campuses; and my participation in activities associated with UU, including any activities I may engage in during my free time while participating in a UU program. I will not hold UU responsible for liability for injury or damages arising from the result of my participation and attendance at UU, unless it is due to willful or intentional misconduct or negligence on the part of UU.

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

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 Underwood University administration to authorize emergency medical care on my behalf, if necessary, while enrolled at UU.

_____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 UU. 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 Admissions as part of my application to UU. I understand that, while UU may provide clerical assistance to students in obtaining insurance, this assistance available only as regards assistance with the completion of forms, etc., and that **UU cannot and does not** accept responsibility for student insurance, copayments, premium payment or rates, or any other part of students' insurance policies.

Student Signature _____ Date _____

* * * * * * * * * * * * * * *

Signature of Parent/Guardian if student is not at least 18 years old:

Signature _____ Date _____

Parent's Name _____

Parent's Telephone Number _____

Parent's Address _____

Revised October 2023