

OCTORARA AREA CAREER & TECHNOLOGY CENTER

ACCIDENT INSURANCE WAIVER RELEASE OF LIABILITY AND ACCIDENT COMMITMENT

THIS WAIVER is made between OCTORARA AREA HOMELAND SECURITY & PROTECTIVE SERVICES ACADEMY and the undersigned student and, if the student is under the age of 18, his or her undersigned legal guardian.

Accidental Health Insurance is strongly recommended for every student enrolled in an educational program at the Octorara Homeland Security and Protective Services Academy. Accordingly, every student is required to have accidental insurance or be willing to sign an Accidental Health Insurance Waiver.

THIS COMMITMENT is made between the Octorara Area School District and the undersigned student and, if the student is under the age of 18, his or her legal guardian.

As a condition of the student's enrollment at Octorara Homeland Security and Protective Services Academy, the student (and his or her undersigned legal guardian, if the student is under the age of 18) hereby *Check the appropriate line(s)*: (Check 1 or 2. If 1, check a or b.)

- ____ 1. Certify (or certifies) that the student shall be insured under an accidental health insurance policy for the entire school year 2023–2024, which policy of insurance is:
- ____ a. purchased through a sending school program or
 - ____ b. acquired through other means; such as parent's/guardian's insurance through work, Medicare, Access card, or CHIP.
- ____ 2. Expressly decline(s) coverage under any policy of accidental health insurance and hereby agree(s) to sign an Accidental Health Insurance Waiver.

WITNESSETH:

Intending to be legally bound, I hereby:

1. Acknowledge that there is an inherent risk of injury to student in the program operated by the District, and that the District has recommended purchase of a health or accident insurance policy covering student.
2. Acknowledge that I have declined to purchase such an insurance policy and nevertheless wish student enrolled in the program.
3. Agree that I, as the student or legal guardian of the student, am assuming the risk of any injury which may result from the student's participation in the program, or travel to and from facilities used in the program, regardless of the cause or causes of such injury.
4. Release the District, and also the home school district specified below, and their officers, directors, employees and agents (The "Released Parties") from any and all liability for any damages, injury or expense which may result from the student's participation in the program. I understand that in signing this release I am releasing any and all claims, including claims for medical expenses or deductibles on a family or individual insurance policy.

REPRESENT TO THE SCHOOL THAT I HAVE READ THIS FORM, I UNDERSTAND IT, I AM SIGNING IT WILLINGLY, AND I INTEND THIS RELEASE TO BE LEGALLY BINDING ON ME, MY HEIRS AND ASSIGNS.

Date: _____

(Signature of Student)

(Print Student Name)

(Signature of Parent/Legal Guardian)

(Print Home School District)

(Signature of Parent/Legal Guardian)