

WAIVER OF HEALTH INSURANCE COVERAGE

I acknowledge that THE JUNIOR COLLEGE DISTRICT OF METROPOLITAN KANSAS CITY, MISSOURI (the DISTRICT) does not maintain any health insurance or hospitalization coverage for me. Furthermore, neither the District nor the agency in which I am affiliated as a student have any free health care with respect to any illness or accident while I am participating in the activities of the District's _____ Program.

I hereby waive and release the District and the affiliating agency from any and all claims or responsibility for insurance and/or hospital or health insurance benefits for health care services as well as for costs and expenses that I may incur for health care services with respect to any illness or accident I may suffer as a result of my participation in the District's _____ Program.

Signature/Date: