

# LANCASTER COUNTY CAREER AND TECHNOLOGY CENTER

## ACCIDENT INSURANCE WAIVER RELEASE OF LIABILITY

THIS WAIVER is made between LANCASTER COUNTY CAREER AND TECHNOLOGY CENTER, and the undersigned Student and, if the Student is under the age of 18, his or her undersigned legal guardian.

Background. The Student will be participating in an educational program sponsored by the School. The School has strongly recommended that the Student have accidental health insurance, either purchased through a home school or through other means. The Student does not have such insurance in force; however, the Student (and legal guardian if applicable) have requested that the Student nevertheless be permitted to participate in the program. Although safety precautions are addressed at the School, the very nature of programs conducted by the School makes the possibility of an accident and injury to Student greater than in the typical classroom. For this reason, the School is requiring signature of this document as a condition to participation in the program.

### W I T N E S S E T H :

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 School, and that the School 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 School, 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.
5. 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)