

Name: _____
Last First M.I.

LIABILITY RELEASE

All information on this form will be kept confidential and will be shared with appropriate Corban personnel on a need-to-know basis only. Please return your completed form to the Student Life Office in the enclosed return envelope.

Corban University provides no insurance coverage or payment for medical expenses for students who sustain injuries while enrolled at Corban. This includes injuries sustained in all college activities, including, but not limited to, injuries occurring in classes, while participating in class-sponsored activities, internship programs, community service assignments, intramural sports, intercollegiate athletic programs, mission trips, educational excursions, or ASB sponsored events.

The undersigned acknowledges there are inherent risks of injury from participating in various school activities and waives and releases Corban University from any and all claims or demands for damages or injury, known or unknown, that the participant may have against them while a student at Corban.

If physical activity of a student has been restricted by a physician, the student is responsible for observing such restrictions.

I have read and agree to the above statements:

Student signature Date

Parent/Gaurdian signature (if student is under 18) Date

INSURANCE INFORMATION

Name of Health Insurance Company: _____

Address of Insurance Company: _____

Policy Number(s): _____

*Name of Insured: _____ *Insured's Date of Birth: _____

Employer of Insured: _____

Employer's Phone: _____

Employer's Address: _____

**Usually applies to parent who carries the policy*

Please attach a photocopy of front and back of insurance card

Allergies: _____

Medications: _____

Last tetanus shot: _____