

*(Complete this form ONLY if you do not have health insurance.)*

## **STUDENT HEALTH INSURANCE ACKNOWLEDGEMENT AND WAIVER**

I, \_\_\_\_\_, hereby declare that I desire to participate in an internship during the \_\_\_\_\_ Term of this year, for which I will receive credit/no credit (circle one). I also declare that I will not have health insurance coverage applicable to me during the time of the internship. I acknowledge that this could expose me to a situation where I might not be able to receive health care as needed; if I am able to obtain the health care services that I need, I will not have the benefit of insurance payment or reimbursement. I also acknowledge that neither Centre College nor the internship sponsor will be liable for these costs should I incur them.

As a consideration for being allowed to participate in this internship, I hereby waive claims or demands against Centre and the internship sponsor arising from my incurring of health care costs for services or products and will reimburse Centre and the internship sponsor, or either of them, if they become obligated to or voluntarily pay any health care costs on my behalf.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_