

**Student Waiver**

Lamar University  
Health Insurance  
Program  
I, \_\_\_\_\_  
of the \_\_\_\_\_  
University System,  
am participating  
in the \_\_\_\_\_  
Program  
and hereby  
waive any and  
all claims for  
damages, including  
medical expenses,  
lost wages, and  
pain and suffering,  
that may be asserted  
against me or any  
other party as a  
result of my  
participation in  
this program.

Health or liability insurance coverage are required by the presentation of coverage.

\_\_\_\_\_ (student) is participating in an internship and recognizing the educational value that I will reap from it. I, on behalf of myself and through me, hereby voluntarily waive any and all claims for damages, including any loss, claim, liability, or damages that may be asserted against me or any other party as a result of my participation in this program. I hereby intend this waiver to be binding on me and hereby to waive any and all claims for damages against Released Parties.

By signing this form, I am releasing, defending, and/or remedies, that may be asserted against me or any of the parties listed herein, and I hereby assume all personal and property risks

for Internship Students. If the business it is the responsibility of the business to provide health or liability insurance coverage for its employees, then the business is responsible for providing such coverage. I, \_\_\_\_\_, hereby voluntarily waive any and all claims for damages, including any loss, claim, liability, or damages that may be asserted against me or any other party as a result of my participation in this program. I hereby intend this waiver to be binding on me and hereby to waive any and all claims for damages against Released Parties.

I am releasing, defending, and/or remedies, that may be asserted against me or any of the parties listed herein, and I hereby assume all personal and property risks that may be asserted against me or any of the parties listed herein, and I hereby assume all personal and property risks that may be asserted against me or any of the parties listed herein.

**Waiver of Liability**

Lamar University does not provide health or liability insurance coverage for its students. I, \_\_\_\_\_, hereby voluntarily waive any and all claims for damages, including any loss, claim, liability, or damages that may be asserted against me or any other party as a result of my participation in this program. I hereby intend this waiver to be binding on me and hereby to waive any and all claims for damages against Released Parties. I further, I intend this waiver to be binding on me and hereby to waive any and all claims for damages against Released Parties. I hereby intend this waiver to be binding on me and hereby to waive any and all claims for damages against Released Parties.