

Lurleen B. Wallace College of Nursing and Health Sciences

RELEASE OF LIABILITY

In the event of sickness or injury in the clinical setting, I realize that I am responsible for all costs related to the provision of medical care. I have been advised that hospital/accident insurance is required by many of the clinical agencies utilized in the nursing program and that I should carry evidence of current insurance coverage at all times. Furthermore, I understand that I am responsible for all expenses associated with sickness/injury irrespective of insurance coverage or lack thereof.

I release and hold harmless Jacksonville State University and any employee, affiliate, or associated clinical agency of Jacksonville State University. My signature below certifies that I have been properly advised of my responsibilities in relation to medical expenses.

Student's Name (Print)

Student's Signature

Date