

ECPI University LLC (the "University") strongly recommends health insurance for our students. Please read, initial, and sign below:

I have health insurance coverage. (A copy of insurance information provided)

I do not wish to purchase health insurance.

_____ will be paying for my medical expenses while I am in the U.S.
Name and Relationship

I hereby acknowledge that the University has recommended that I purchase health insurance and informed me of some of the potential risks of not purchasing health insurance. I understand the importance of having health insurance. If I have decided not to purchase health insurance, I am fully responsible for any and all medical expenses I may incur.

I, on behalf of myself, my estate and my heirs, hereby expressly waive and release any and all claims, now known or hereafter known, against the University and its officers, directors, employees, members, agents, affiliates, successors, and assigns, and any external program and/or training site at which I may participate (collectively, the "Released Parties"), arising out of or related to (1) my failure to purchase or maintain health insurance and/or (2) my participation in any external program and/or training site at which I may participate. I covenant not to make or bring any such claim against the Released Parties and forever release and discharge them from liability under such claims.

I, on behalf of myself, my estate and my heirs, shall defend, hold harmless and indemnify the Released Parties against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorneys' fees, that are incurred by the Released Parties arising out of or related to (1) my failure to purchase or procure health insurance and/or (2) my participation in any external program and/or training site at which I may participate. Any such external program and/or training site is an intended third-party beneficiary of my liability release and the indemnity and other obligations set forth above. This agreement is binding on and shall inure to the benefit of the University and me and our respective heirs, executors, administrators, successors and assigns. If any provision of this agreement is invalid, such invalidity shall not affect any other provision.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE ECPI UNIVERSITY LLC AND OTHER PARTIES.

Print Student Name

Date

Signature

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this agreement.

Print Parent/Legal Guardian Name

Date

Signature