

Student ID # _____

Health/Physical Education Course _____

Date _____

ACCIDENTAL INJURY WAIVER FORM

I, _____, do hereby acknowledge that I understand that neither Anne Arundel Community College nor its agents or employees will be held responsible for any injuries or medical expenses that I might incur while participating in this Health/Physical Education course.

I understand that I assume risk of possible injury in participating in this course. I accept full responsibility for this possibility.

I also further acknowledge that I know that Anne Arundel Community College has no accident insurance policy to cover medical costs that I might incur as a result of my participation in this course. I also realize that it would be advisable for me to carry my own accident insurance policy, and to make sure that said policy covers injuries incurred during my participation in this Health/Physical Education course.

I also certify that I have no physical condition or injury that might affect my participation in this Health/Physical Education course.

Student's Name _____
(Please Print)

Student's Signature _____

Parent's/Guardian's Signature _____
(Required if student is under 18 years of age)