

Health Insurance Waiver

Please complete and return to the Office of Human Resources:

Non-UT Student

Friend

Volunteer

I certify that I am covered by a health insurance policy that includes coverage for medical care and transport. I will not hold the University of Tennessee, The Health Science Center or any employee of the University of Tennessee responsible for payment of any bill related to medical treatment, care, or services. This waiver is subject to any right to recovery independently existing under the Tennessee Claims Commission Act.

I will not hold any faculty member, instructor, staff member, department or the University of Tennessee Health Science Center liable should I become injured while engaging in volunteer activities at or affiliated with the University of Tennessee, The Health Science Center

Signature

Date

Print Name

NOTARY SEAL

SWORN TO AND SUBSCRIBED before me this _____ day of _____, _____.

Notary Public

My Commission Expires:
