

STUDENT WAIVER FORM

* I, _____ understand and agree with the following conditions concerning services performed by me as a Student.

It is understood that Students are not covered by the New Jersey Workers Compensation Act (this does not apply to a statutory exception for volunteer ambulance drivers).

It is understood that if a Student is injured while performing services on Rutgers, The State University of New Jersey, premises, the University will provide, at the time of injury, reasonable emergency medical treatment for that injury without charge, regardless of apparent fault; and it is also understood that the provision of emergency medical service does not constitute an admission of liability on the part of Rutgers, The State University of New Jersey.

* Signature of Student _____

* UBHC Department _____

* Date / /

If you have any questions or concerns, please contact the UBHC Center for Continuing Education and/or your school student placement field coordinator.