



BLESSING-RIEMAN

College of Nursing & Health Sciences

Insurance Waiver Form

I understand that Health Insurance is a requirement as stated in the student handbook; however, I am unable to acquire it at this time and would like to waive it at this time. I understand that the college is not responsible or liable for any cost associated with a possible incident to me while I am representing the College. I understand that I will incur all cost associated with the incident.

Signature: _____ Date: _____

Student/CAMS ID#: _____