



Bellingham Technical College
3028 Lindbergh Avenue
Bellingham, WA 98225-1599

Diesel Equipment Technology

Medical Policy Statement of Agreement

I am aware that during the work based learning experience in which I am participating under the arrangements of Bellingham Technical College certain dangers may occur, including, **but not limited to**, the following:

Abrasions, cuts, back strain, exposure to petroleum products, solvents and other dangers that are common to the Automotive Repair industry.

In consideration of and as part payment for the right to participate in this work based learning experience and other services of Bellingham Technical College, I have and do hereby assume all the risks involved and will hold Bellingham Technical College, it's employees, agents, and assigns, harmless from any and all liability actions, causes of actions, debts, claims, and demands of every kind and nature whatsoever that may arise from or in connection with participation in any activities arranged for me by Bellingham Technical College. The terms thereof shall serve as a release and assumption of risk for their heirs, executors, administrators, and members of my family, including minors.

By my signature on this document, I acknowledge that I have been informed and further that I will be **required** to have personal health insurance prior to participating in this section of the program, enroll in student health insurance or be covered by Worker's Compensation insurance at my place of employment. I understand that I do not qualify for Worker's Compensation if my work based learning experience is on a volunteer basis. I have indicated my coverage below.

- Personal Health Insurance
- Student Health Insurance
- I am covered under Worker's Compensation

Signature of Student

Date

Signature of Instructor

Date