



STUDENT LIFE OFFICE
5000 Deer Park Drive SE
Salem, Oregon 97317-9392
503.375.7010 | 503.585.4316 fax
jvohland@corban.edu

Student Health Update

LIABILITY RELEASE

All information on this form will be kept confidential and will be shared with appropriate Corban personnel on a need-to-know basis only. Please return your completed form to the Student Life Office in the enclosed return envelope.

Corban College provides no insurance coverage or payment for medical expenses for students who sustain injuries while enrolled at Corban. This includes injuries sustained in all college activities, including, but not limited to, injuries occurring in classes, while participating in class-sponsored activities, internship programs, community service assignments, intramural sports, intercollegiate athletic programs, mission trips, educational excursions, or ASB sponsored events.

The undersigned acknowledges there are inherent risks of injury from participating in various school activities and waives and releases Corban College from any and all claims or demands for damages or injury, known or unknown, that the participant may have against them while a student at Corban.

If physical activity of a student has been restricted by a physician, the student is responsible for observing such restrictions.

I have read and agree to the above statements:

Signature of Student _____ Date _____

Signature of Parent/Guardian (if student is under 18) _____ Date _____

INSURANCE INFORMATION

Name of Health Insurance Company _____

Address of Insurance Company _____

Policy Number(s) _____ *Name of Insured _____

*Social Security Number of insured _____ *Insured's Date of Birth _____

Employer of Insured _____

Employer's Phone _____

Employer's Address _____

*Usually applies to parent who carries the policy

Please attach a photocopy of front and back of insurance card or bring card to be photocopied during registration.