

## **Student and Parent's Health Insurance Release and Hold Harmless Agreement**

This Release is executed by \_\_\_\_\_, whose address is \_\_\_\_\_, (the "Participant") and if the Participant is under the age of 18, executed also by the parent(s) / guardian(s) of Participant, \_\_\_\_\_, and whose address is \_\_\_\_\_; to the Trustees of the Corcoran Gallery of Art, a corporation organized and existing under an Act of Congress and subject to the District of Columbia non-profit corporation law, with a principal address of 500 Seventeenth Street, NW, Washington, DC 20006-4804 (the "Corcoran").

1. I, the undersigned Participant, am a student qualified for, accepted, and currently enrolled at the Corcoran College of Art + Design (the "CCAD"), part of the Corcoran.
2. I understand that one condition of my enrollment as a full-time student at the CCAD is for me to have obtained health insurance either through the Student Health Insurance Plan offered through Academic Health Plans, or through an alternative health plan or to voluntarily decide not to have health insurance and to release and hold harmless the Corcoran for any consequences from that decision.
3. I acknowledge that I am not in compliance of the CCAD's policy to have health insurance coverage and hereby release and hold harmless the Corcoran and the CCAD from any medical or health-related expenses as described below.
4. I understand that the Corcoran and the CCAD assume no liability for any medical, hospital, other health care provider and/or related expenses incurred by me while I am enrolled at the CCAD.
5. I am aware of my personal medical needs, and I am aware that the Corcoran and the CCAD cannot be and are not responsible for attending to any of my medical needs. I further assure the Corcoran and the CCAD that I have assumed all risks and responsibilities.
6. I hereby release, discharge and agree to hold harmless the Corcoran and the CCAD, and their Trustees, agents, employees, representatives and volunteers (the "Releasees") from any and all liability arising out of or in connection my medical or health care needs. For purposes of this Release, liability means all claims, demands, actions, causes of action, damages, liabilities, judgments, settlements, expenses, fees and costs (including attorney's fees) arising from my failure to obtain adequate health insurance coverage.
7. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse if I am alive, and my estate, heirs, administrators, personal representatives, or assigns if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the Corcoran or the CCAD. I further agree to save and hold harmless, indemnify and defend the Corcoran and the CCAD from any claim by me or my family arising from of my failure to obtain adequate health insurance coverage.

8. This Agreement will be construed in accordance with and governed by the laws of the District of Columbia. Any litigation arising out of or concerning this Agreement shall be brought in the courts located in the District of Columbia.

**IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized representatives.**

**TRUSTEES OF THE CORCORAN GALLERY OF ART**



**Signature:**

**Date:** February 7, 2011

Name: Catherine Armour  
Title: Provost, Corcoran College of Art + Design  
Address: 500 Seventeenth Street, N.W.  
Washington, DC 20006  
Phone: 202.639.1803

**THIS IS A RELEASE – PLEASE READ CAREFULLY BEFORE SIGNING**

**PARTICIPANT**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name:  
Address:  
Phone:

**PARTICIPANT'S PARENT / GUARDIAN (if Participant is under age 18)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name:  
Address:  
Phone: