



**BELMONT**  
COLLEGE

**Student Accountability for Healthcare Cost**

I understand that there is no supplemental medical insurance coverage provided for me either by Belmont College or by the clinical site in which I am a participant. All students are advised to carry medical insurance while attending the nursing program.

I further understand that if I am not covered by a health insurance provider, I will be fully responsible for any and all medical expenses incurred while in attendance at any class, lab, or clinical site with the Belmont College's Nursing Program.

I do hereby agree to hold harmless and indemnify Belmont College, all its officers, agents, employees, and volunteers from and against any and all claims, demands, and actions or causes of actions of any sort on account of personal injury or death which may result from my participation.

I have read and executed this document with full knowledge of its significance. I understand that this signed statement will be in effect for the duration of the nursing program.

**Student Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_