



STUDENT/VISITOR WAIVER FORM

Workers' Compensation:

Student /visitor and student's parent(s)/guardian(s) (if applicable) understand and agree that the student/visitor is not an employee of The Pennsylvania State University and/or Penn State Milton S. Hershey Medical Center under the terms of this agreement and further understand that the student/visitor is not entitled to workers' compensation benefits and that the student/visitor or the student's parent(s)/guardian(s) is/are responsible for the cost of any medical care or other services that may be required as a result of any injury or illness the student/visitor may incur while participating in any program in conjunction with this agreement.

Liability:

Student/visitor and student's parent(s)/guardian(s) (if applicable) agree at all times to be responsible for the actions of the student/visitor in conjunction with this agreement and understand that The Pennsylvania State University and/or Penn State Milton S. Hershey Medical Center and its employees and agents shall have no liability for the actions of the student/visitor.

I acknowledge that I have read and understand all of the above information and agree that during my student/visitor experience at The Pennsylvania State University and/or Penn State Milton S. Hershey Medical Center, I will comply with the above requirements.

Student/Visitor Name (Printed)

Date

Student/Visitor Signature

Phone & Email

If the student or visitor is under the age of 18, a parent or guardian must sign the following: I acknowledge that I have read and understand all of the above information and agree that during my child's student experience at The Pennsylvania State University and/or Penn State Milton S. Hershey Medical Center, we will comply with the above requirements.

Parent/Guardian Signature

Date

PSHMC/COM Sponsoring Employee

Department

Employee Phone & Email