RELEASE AND GENERAL
INDEMNITY AGREEMENT

I, _____, of _____, a student enrolled in the Miles Community College Nursing Program, who has chosen not to carry medical insurance, do hereby release, indemnify and hold harmless, Miles Community College, its Board of Directors, teachers, and employees, from any responsibility or liability from personal injury, illness, accident, including damage to other persons or property during the period of time that I am enrolled in the Miles Community College Nursing Program or from _____, 20_____ through_____, 20_____.

I further agree to hold harmless, Miles Community College, its directors, teachers and employees from any liability resulting from injury to my person or personal illness of any nature.

DATED this _____ day of _____, 20 _____.

_____
MILES COMMUNITY COLLEGE NURSING STUDENT

STATE OF MONTANA)
: ss
COUNTY OF CUSTER)

On this _____ day of _____, 20_____, before me, the undersigned, a Notary Public for the State of Montana, personally appeared _____, known to me to be a student enrolled in the Miles Community College Nursing Program, and known to me to be the person whose name is subscribed tot he foregoing Release and General Indemnity Agreement and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal the day and year in this agreement first above written.

_____
Notary Public for the State of Montana
Residing at Miles City, Montana
(Notarial Seal) My commission expires: _____