



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

This release is executed by _____; herein referred to as the “Student”; to The Hemodialysis Training School, herein referred to as “HTS”.

1. I, the undersigned, am a student registered and/or attempting to register for enrollment in HTS’s hemodialysis technician program, on location in _____, California.
2. To the best of my knowledge, I have no outstanding warrants attached to neither my name, nor social security number, nor driver’s license number, nor any such identifying markers attached and related to my person.
3. I willingly testify that this agreement is signed by me, the Student, freely and under no duress or coercion by HTS personnel or any other outside factor.
4. I understand that hardships with, but not limited to, taking the National Exam and applying for a job, that arise from my bearing of false information about my criminal history, should I have one, falls solely on me.
5. It is my express intent that this Release and Hold Harmless of Responsibility Agreement shall bind the members of my family, spouse, estate, heirs, administrators, personal representatives, or assigns, and shall be deemed as a release, waiver, discharge, and covenant not to sue the above named institution. I further agree to save and hold harmless, indemnify, and defend HTS from any claim by me or my family arising out of my bearing of false information about my criminal history.

I acknowledge that upon my signature, I am recognizing my understanding of the above statements and all that apply.

Student Signature

Date

Social Security

Driver’s License

Program Start Date

Authorized HTS Representative Signature

Date

Authorized HTS Representative Printed Name