Bermuda Institute of Ocean Sciences
17 Biological Station, St. George's GE 01, Bermuda
www.bios.edu

Medical/Health Insurance Waiver

I, _____ understand that as a visiting
___*Internship student;* ___*Graduate student;* ___*Course Instructor;*
___*Teaching Assistant;* ___*Course Attendee;* ___*Semester Program Attendee;*
___*Participant in a Visiting Group;* ___*Other (explain*_____*)* at the Bermuda Institute of Ocean Sciences (BIOS), Inc. I am not included in the BIOS medical and health insurance coverage.

I confirm that I (or my parents/legal guardians on my behalf) hold personal medical (accident/illness) insurance coverage for my stay in Bermuda, either by a valid and current accident/illness insurance plan, with no restrictions on travel outside the country of my residence, or by a special travel policy.

I am aware that in the event that I require a visit to a doctor/hospital or need to have a prescription filled that I will be responsible for payment to the provider at the time of service. I will keep receipts/invoices in order to make a claim to my insurance company (and not to BIOS).

_____ _____
Signature (if over 18) Date

_____ _____
Signature of Parent/Guardian (if participant is under 18) Date

This form must be completed, signed, and returned to either BIOS Education or to the BIOS Reservations Office as appropriate.