

Statement of Responsibility

I, _____, understand that I will assume all of the expenses involved in my participation in the COST Program. I further understand the application fee is nonrefundable unless COST cannot make a placement 60 days prior to my expected start date.

The universities involved in this program will not be held responsible for any professional liability or medical bills during my period of study with COST. I agree to assume all such costs. I understand that I must have evidence of professional liability and medical insurance coverage.

Furthermore, I release the universities involved from all claims of damages that may arise out of or in connection with participation in or transportation to and from this program.

Date

Name of Student Teacher (Please Print)

Signature of Student Teacher