

Acknowledgement of Insurance Requirements

Insurance agreement

All Wabash College student-athletes must provide evidence of insurance that includes coverage for athletically related injuries. This is a pre-requisite for practice and competition. No student will be allowed to participate in any way until such evidence of current insurance coverage is on file with the Wabash College department of athletics. The Acknowledgement of Insurance Requirements form and a photocopy of BOTH SIDES of your insurance cards must be on file and signed by both the student –athlete and a parent/guardian before a student can participate in athletics.

Secondary Insurance Coverage: The athletic accident insurance at Wabash College provides secondary coverage for your son for injuries while participating in the practice or competition of intercollegiate sports. Your policy must be used as **primary coverage**. Our. If any changes are made to your primary coverage, the Wabash College athletic department must be notified immediately. **If at any time during the academic year your son is no longer insured by your primary insurance policy at the minimum coverage level of \$90,000 and out of state coverage, Wabash College will not be responsible for ANY financial obligations related to an athletic injury.** Failure to notify the Wabash College athletic department for the insurance change will result in the student-athlete assuming full responsibility for all costs.

Student-Athlete Acknowledgement of Insurance Requirements

I, _____, (*student-athlete name*) attest that **I have health insurance** coverage under a current, in force insurance policy for injuries that occur during my participation in intercollegiate athletics. **If there is a material change in coverage or expiration, I agree to notify Wabash College of this development and update the insurance information I have on file with Wabash College.** I understand and agree that Wabash College will assume no responsibility for the payment of medical expenses resulting from injuries, which occur while participating in intercollegiate athletics at Wabash College. Medical expenses not covered by insurance are the responsibility of the student-athlete and/or the parent, guardian or legal representative.

Student-athlete signature

date

Parent/Guardian Acknowledgement of Insurance Requirements

I, _____, (*please print name*) as parent, guardian or legal representative, attest that _____ (*student-athlete name*) **has health insurance coverage under a** current, in force insurance policy for injuries that occur while he is participating in intercollegiate athletics. This coverage has limits of at least \$75,000 and out of state coverage. **If there is a material change in coverage or expiration, I agree to notify Wabash College of this development and update the insurance information I have on file with Wabash College.** I understand and agree that Wabash College will assume no responsibility for the payment of medical expenses resulting from injuries which occur while participating in intercollegiate athletics at Wabash College. Medical expenses not covered by insurance are the responsibility of the student-athlete and/or the parent, guardian or legal representative.

Parent/guardian signature

date

This form must be signed and returned to the Wabash College Department of Athletics by August 1

Return to: Wabash College, Department of Athletics
Athletic Training
P.O. Box 352
Crawfordsville, IN 47933-0352

YOU MUST INCLUDE A COPY (FRONT AND BACK) OF YOUR CURRENT INSURANCE CARD