

**SAMPLE ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS
(PARENT VERSION)**

I, _____, as parent, guardian or legal representative,
Print Name

attest that _____ has insurance coverage under a current,
Student-Athlete Name

in force insurance policy for injuries that occur while he/she is participating in intercollegiate athletics.

If there is a material change in coverage or expiration of coverage, I agree to notify XYZ University of this development and update the insurance information I have on file with XYZ University.

I understand and agree that XYZ University will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in intercollegiate athletics at XYZ University.

(signature)

(date)

**THIS FORM MUST BE SIGNED AND RETURNED TO THE XYZ
DEPARTMENT OF ATHLETICS BY "INSERT DATE."**

Return to:

XYZ University
Mr. John Doe
1243 Main St.
Anytown, IN 11111

**YOU MUST INCLUDE A COPY (*FRONT AND BACK*) OF YOUR
CURRENT INSURANCE CARD AND THE COMPLETED EMERGENCY
CONTACT AND INSURANCE INFORMATION FORM.**