

Acknowledgement of Insurance Requirements

(Parent Version)

I, _____, as parent, guardian, or legal representative, attest that
(name, please print)

_____ has insurance coverage under a current, in force insurance
(student-athlete name)

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 Luther College of this development and update the insurance information I have on file with Luther College.

I understand and agree that my primary insurance or myself will assume responsibility for the payment of, or authorization to pay, medical expenses resulting from injuries that occur while participating in intercollegiate athletics at Luther College.

(signature)

(date)

THIS FORM MUST BE SIGNED AND RETURNED TO THE LUTHER COLLEGE DEPARTMENT OF ATHLETICS BY AUGUST 1, 2010.

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

Return to:
Luther College
Athletic Training – Brian Solberg
700 College Drive
Decorah, IA 52101