Gardner-Webb University Athletic Training

Acknowledgment of Insurance Policy

Name: ______________________  Sport: ______________________  Date: __________

As a student-athlete participating in athletics at Gardner-Webb University you are insured under a secondary insurance policy for injuries sustained while participating in intercollegiate athletics for Gardner-Webb University. Secondary insurance coverage pays the remaining portions of medical bills after the student-athlete’s Primary Insurance carrier has made its payment.

As a student-athlete at Gardner-Webb University, it is your responsibility to inform the Athletic Training Staff of any changes in your Primary Insurance status when it happens. Failure to report any change in your Primary Insurance coverage could result in non-payment of any injuries that might occur while representing Gardner-Webb University as a student-athlete.

Gardner-Webb University is not responsible for any injury occurred while not representing Gardner-Webb University. It is also not responsible for any pre-existing injury. It is the student-athlete’s responsibility to reveal all pre-existing injuries with the Gardner-Webb University Athletic Training Staff.

The undersigned, by signing this release, hereby certifies that the undersigned has read and fully understands the conditions herein provided, and has disclosed all pre-existing injuries.

Signature: _______________________

Date: __________________________

Witness: _________________________