

Bellarmine University

Acknowledgement of Insurance Requirements

I, _____, as parent, guardian or legal representative, attest
(Full Legal Name, Please Print)
that _____ has insurance coverage under a current, in force
(Student-Athlete Legal Name)
Insurance policy for injuries that occur while he/she is participating in intercollegiate
athletics.

In addition, I the Student-Athlete, attest that I have insurance coverage under a
current, in force insurance policy for injuries that occur while I am participating in
intercollegiate athletics.

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

I understand and agree that Bellarmine 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 Bellarmine University.

(Parents Signature)

(Date)

(Student-Athletes Signature)

(Date)

**THIS FORM MUST BE SIGNED AND RETURNED TO THE Bellarmine
University ATHLETIC DEPARTMENT EVERY YEAR BY AUGUST 1.**

Return to:

David Krebs ATC
Bellarmine University
2001 Newburg Road
Louisville, KY 40205

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