

Chaminade University of Honolulu

Department of Intercollegiate Athletics

Acknowledgement of Insurance Policy

Sport: _____

As a student-athlete at Chaminade University, you must have a Primary Insurance Policy either under your parents or obtain a policy through the University. Please check with the athletic department for the Insurance Policy options. It is your responsibility to inform the Athletic Training Staff and/or the Athletic Department 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 Chaminade University as a student-athlete.

As a student-athlete participating in athletic at Chaminade University you are insured under a Secondary Insurance Policy. Secondary insurance coverage pays the remaining portions of medical bills after the student-athlete's Primary Insurance carrier has made its payment.

Chaminade University is not responsible for any injury occurred while not representing Chaminade 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 Chaminade 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.

Print your Name

Student-Athlete Signature

Date

Parent/Guardian Signature
(if the student-athlete is under the age of 18)

Date