

### Acknowledgement of Insurance

I, \_\_\_\_\_, attest that I have insurance coverage under a current, in force insurance policy for injuries that occur during my participation in intercollegiate athletics. The coverage has limits of at least \$75,000

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

I understand and agree that Mary Baldwin College will assume no responsibility whatsoever for the payment of, authorization to pay, medical expenses resulting in injuries that occur while participation in intercollegiate athletics at Mary Baldwin.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS FORM MUST BE SIGNED AND RETURNED TO THE MARY BALDWIN COLLEGE DEPARTMENT OF ATHLETICS BEFORE THE FIRST PRACTICE**

**YOU MUST INCLUDE A COPY (FRONT AND BACK) OF YOUR CURRENT INSURANCE CARD**