



**SUNY CANTON INTERCOLLEGIATE ATHLETICS  
STATEMENT OF INSURANCE AND WAIVER/RELEASE FORM**



**The Athletic Department requires that you and a parent/s if under the age of 18 read this form in its entirety. The YES boxes must be checked below by both to acknowledge the understanding of the contents of this document and to acknowledge the understanding of inherent risk in athletic participation and the specific responsibilities outlined. Participation will not be allowed until this form is signed and on file with the Athletic Office.**

|             |                |  |
|-------------|----------------|--|
| <b>NAME</b> | <b>SPORT/S</b> | <b>ACADEMIC YR. OF INITIAL PARTICIPATION</b> |
|-------------|----------------|--|

SUNY Canton’s policy regarding health and accident insurance coverage for students participating in intercollegiate athletics is as follows:

The SUNY Canton Athletic Department is a subscriber of the NAIA Insurance Program through Summit America Insurance Services. The program is supplementary coverage to the student-athlete’s primary insurance coverage. Therefore, it does not apply until a claim has exhausted coverage from the student-athlete’s own insurance or parent’s insurance whichever they are covered under. The standard policy benefits includes 1) \$25,000 excess basic accident medical maximum with a 2 year benefit period; 2) \$25,000 dental maximum; 3) \$15,000 AD&D benefit for covered injuries. The College requires that all students who enroll at SUNY Canton provide written documentation that they are personally covered by health/accident insurance. One way a student can be covered is by purchasing the Student Accident and Health Insurance program offered by the College. This program does provide coverage for injury resulting from the practice and play of intercollegiate sports but only after a \$50.00 deductible is paid and only up to a maximum of \$2,000. For more information on this option contact the Health Center at 315-386-7333.

**Waiver & Release Authorization: I, the above named student-athlete, and my parent/legal guardian (if necessary), do hereby agree to:**

Provide proper proof of health insurance coverage (copy of insurance card) to the Athletic Trainer with appropriate policy information and inform the Athletic Trainer of any changes to insurance coverage while a participating student-athlete at SUNY Canton.

Provide proper emergency contact information to the Athletic Trainer and inform the Athletic Trainer of any changes in the information while a participating student-athlete at SUNY Canton.

Authorize emergency medical treatment that may become necessary while participating as a member of a SUNY Canton Athletic team. (Efforts will be made to contact the listed emergency contact person in the student’s file prior to treatment.)

Guarantee the payment of all athletic related medical bills above and beyond any that might be covered by the student-athlete’s personal insurance coverage.

The release of any and all health information contained in the student-athlete’s records maintained in the SUNY Canton Health Center or Athletic Office to responsible parties for the purpose of medical care or treatment.

Report any and all injuries to the coach and athletic trainer and to follow through the procedures for documenting such injuries.

**ACKNOWLEDGE THAT PARTICIPATION IN SPORTS INVOLVES AN INHERENT AND ASSUMED RISK OF INJURY AND THAT THE STUDENT-ATHLETE AND PARENT ASSUME THE RESPONSIBILITY OF SUCH RISK.** While it will not eliminate those risks, it is the athlete’s obligation to prepare physically for competition and to follow all safety rules including the proper use of protective equipment.

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|---|------|----------|
| <b><u>ACKNOWLEDGEMENT BY STUDENT-ATHLETE</u></b>  |      |          |
| By checking YES below, I, the above named student-athlete, attest that I have read and understand the information presented on this form and agree to the conditions and responsibilities stated and acknowledge and understand that these conditions and responsibilities are in force for the entire length of time of athletic participation at SUNY Canton. |      |          |
| YES   | DATE | YOUR AGE |

|  |           |
|--|-----------|
| <b><u>IF UNDER THE AGE OF 18</u></b>   |           |
| By checking YES, I, the above named student-athlete attest that I am under the age of 18 and that my parent/legal guardian has read this form and it is that person who has checked the box below. |           |
| YES  |           |
| <b><u>ACKNOWLEDGEMENT BY PARENT</u></b>  |           |
| By checking YES, I, the parent/legal guardian of the above named student-athlete attest that I have read this form in its entirety and understand its content.                                     |           |
| YES  | NAME/DATE |