

**THE UNIVERSITY OF TEXAS AT TYLER  
ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS**

*(Parent Version – May only be completed if student-athlete is still covered by parents' insurance.)*

I, \_\_\_\_\_, as parent, guardian or legal representative, attest that  
(parent's name, please print)

\_\_\_\_\_ has insurance coverage under a **current, active, in-force**  
(student-athlete name)

insurance policy for injuries that occur while he/she is participating in intercollegiate athletics for The University of Texas at Tyler. This coverage must be maintained and active for the ENTIRE 2011-12 academic year including the time between the fall and spring semesters as well as any pre- or post-season play. This coverage has limits of at least \$25,000.

**If there is a material change in coverage or expiration of coverage, I agree to notify the University of Texas at Tyler immediately of this development and update the insurance information my son/daughter has on file with the University of Texas at Tyler. I understand that if a lapse or cancellation in coverage occurs during my son/daughter's athletic participation, they will not be permitted to continue in their sport until such a time that insurance is renewed.**

**PLEASE READ: I understand and agree that the University of Texas at Tyler 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 the University of Texas at Tyler.**

\_\_\_\_\_  
(parent's signature)

\_\_\_\_\_  
(date)

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