

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

*(Student Version – May only be completed by student-athlete responsible for their own insurance.)*

I, \_\_\_\_\_, attest that I have insurance coverage under a current, active,  
(student-athlete name)

and in force insurance policy for injuries that occur during during my participation 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 and 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 I have on file with the University of Texas at Tyler. I understand that if a lapse or cancellation in coverage occurs during my athletic participation, I will not be permitted to continue in my 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.**

\_\_\_\_\_  
(signature)

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

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