



Student Life

Campus Recreation

INSURANCE AFFIDAVIT

TO: UMaine Sport Club Members

Prior to participation in Sport Clubs, each sport clubs member is expected to demonstrate that he or she is currently covered by an insurance plan which will pay costs associated with any athletic or sports related injury. Please sign one of the following statements which indicate that you have the proper insurance coverage.

Student Name (please print): _____ Sport Club: _____

- 1) By signature below, I certify that I am covered by the University of Maine Student Health Insurance Plan for the 20__ year. I have _____ / have not _____, paid for the University of Maine Student Health Insurance Plan.

Student Signature: _____ Date: _____

- 2) By signature below, I certify that I am presently covered by a family insurance plan that specifically covers medical and related costs resulting from any and all athletic injuries from (mo./ year) _____ through (mo./ year) _____. Special notice must be made indicating age and martial status of each student as it pertains to a family insurance policy.

Insurance Company: _____ Policy Number: _____

Student Signature: _____ Date of Birth: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CAMPUS RECREATION AT THE UNIVERSITY OF MAINE, (ORONO) ASSUMES NO RESPONSIBILITY FOR THOSE MEDICAL COSTS FOR ATHLETIC OR SPORTS RELATED INJURIES THAT ARE NOT COVERED BY YOUR INSURANCE.

BE SURE TO COMPLETE BOTH SIDES OF THIS FORM FULLY

