

Colorado State University – Pueblo
Student-Athlete Waiver Form
2011-2012

MANDATORY REQUIREMENT

Waiver forms are valid for one academic year (Fall, Spring and Summer semesters) assuming your coverage is maintained while you are a student-athlete. A waiver form must be re-submitted each Fall semester for continuing student-athletes or during a student-athlete's first semester of attendance and then every Fall semester thereafter. If you submitted a waiver form in the Fall semester and it was approved, you do not need to submit another waiver form until the following Fall semester, assuming your health insurance coverage does not change during the academic year that your waiver was approved. If your insurance coverage does change during the academic year you must immediately inform the Colorado State University – Pueblo Sports Medicine Department (phone 719-549-2431).

Disclosures, Acknowledgments and Authorizations

I release Colorado State University – Pueblo and the Sports Medicine Department from any and all liability related to my health and/or health care.

I am aware that I must have health insurance that meets the College Athletic Department's waiver standards in force while engaged in intercollegiate athletic sports and attending school at CSU Pueblo.

I am aware that if my insurance changes in the course of an academic year (from the information that I originally submitted on my waiver form) that I am obligated to inform the Sports Medicine Department immediately of such a change.

I am aware that my insurance information will be audited each semester and that if during any audit it is discovered that I no longer have insurance in force that meets the College waiver standards, the CSU Pueblo Athletic Department will contact me.

I acknowledge that the information I have provided is accurate and truthful.

Prior to submitting my waiver form I will confirm that my insurance is currently active and that I have group or individual health insurance coverage.

HIPAA Authorization: I authorize the College and/or the College's student health insurance administrator to verify my health insurance coverage. I also authorize my insurance company to provide such verification of coverage to the College's student insurance administrator (ECI) and/or College insurance or Health Center personnel.

Signing below indicates my understanding and agreement to all of the above disclosures, acknowledgements and authorizations, including my HIPAA authorization.

Signature of Student-Athlete

Date

Signature of Parent or Guardian if Student-Athlete is under 18 years of age

Date