

STATEMENT OF INSURANCE UNDERSTANDING

I _____ have been informed and understand the limits of personal injury insurance carried on me by the Armstrong Atlantic State University Athletic Department.

I understand that the initial \$2,000.00 (per injury associated with participation in athletics) in medical expenses incurred due to injury that I may experience will be my personal responsibility. **The Athletic Department Policy is a \$2,000.00 clause secondary policy that does not cover pre-existing injuries. After the deductible is met, and the primary policy has paid, the secondary policy will begin to provide coverage. The secondary policy has a cap of \$75,000.00 per injury.** AASU is also a participant in the NCAA Catastrophic Athletics Injury Insurance Program. I understand that it is my responsibility to contact my primary insurance company (which is usually a parental group insurance policy, or a personal policy), or personally pay the initial \$2,000.00 in addition to any remaining balance.

Student-Athlete _____ Date _____

Witness _____ Date _____

Policy on file in the AASU Business Office