



**EXEMPTION AND RELEASE FORM FROM KUTZTOWN UNIVERSITY'S
INTERCOLLEGIATE ATHLETIC SECONDARY INSURANCE POLICY
FOR STUDENT-ATHLETES WITH
TRICARE, MEDICAID or FAITH BASED MEDICAL INSURANCE**

I understand and acknowledge that Kutztown University requires student-athletes to have primary medical insurance to participate in intercollegiate athletics. The primary medical insurance policy must provide coverage for an injury sustained during participation in intercollegiate athletics.

I understand and acknowledge that student-athletes who have Tricare, Medicaid or Faith Based as their primary medical insurance **are NOT eligible for coverage under the intercollegiate athletic secondary insurance policy provided by Kutztown University for an injury sustained during their participation in intercollegiate athletics.**

I verify that I have medical insurance with TriCare, Medicaid or Faith Based. Based on this verification, I agree that any costs associated with an injury sustained during participation in intercollegiate athletics at Kutztown University will be the sole responsibility of TriCare, Medicaid or Faith Based and, in the event that TriCare, Medicaid or Faith Based do not cover those costs, I or my parent(s)/legal guardian(s) will be responsible for any and all costs.

By signing this form I acknowledge and relinquish my enrollment in the intercollegiate athletic secondary insurance policy provided by Kutztown University. I understand that I will be responsible for any and all costs which are associated with any injury sustained during participation in intercollegiate athletics at Kutztown University.

I expressly release and discharge from responsibility and liability Kutztown University, Kutztown University Student Services, Inc., the Department of Athletics, and the Department of Sports Medicine along with employees, officials or agents of the foregoing, from costs associated with any injury I sustain during participation in intercollegiate athletics at Kutztown University.

I, the undersigned, am at least 18 years of age, and competent to sign this exemption and release form. By signing this exemption and release from, I hereby acknowledge that I understand and voluntarily accept the risks, rights and responsibilities set forth in this form. In addition, if the student-athlete is covered under his/her parents'/guardians' TriCare, Medicaid or Faith Based policy, the parent/guardian must acknowledge and sign this document prior to participation in intercollegiate athletics at Kutztown University.

Student Full Name (PRINT)	Birth Date	Sport
Student Signature	Date	
Policy Holder Full Name (PRINT)		
Policy Holder Signature	Date	

If the student-athlete is not 18 years of age, please have parent(s) or legal guardian(s) sign the exemption and release form