

**READ EACH STATEMENT BELOW CAREFULLY BEFORE SIGNING.**

**PARADISE VALLEY COMMUNITY COLLEGE**  
**ATHLETIC DEPARTMENT**  
**STUDENT ATHLETE ACCIDENT INSURANCE COVERAGE**

The Maricopa County Community College student accident insurance policy, which provides insurance for student athletes who sustained injuries while participating in the play or practice of intercollegiate sports, is secondary or "excess" coverage. Any other accident insurance coverage under which the athlete may be covered is considered to be "primary" coverage. If any athlete is injured and covered under a primary plan, a claim must be filed under both policies. The college secondary or "excess" plan will pay only after the primary insurance company has made payment. If there is no primary coverage, then our student accident insurance will pay what is considered to be reasonable and customary charges in Maricopa County. If this does not cover the entire bill, then the student athlete is responsible for the remaining balance.

I have read and understand the above statement.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

**PARTICIPATION RISK STATEMENT**

Participating in all sports requires an acceptance of risk of injury. Through various procedures, such as pre-season physical examination, proper facilities maintenance and instruction of correct sports technique, we attempt to provide a safe, competitive environment for all student athletes. In addition, we have a team physician (general practitioner and orthopedic specialist) and a certified athletic trainer to assist you with injury prevention and treatment.

In spite of these efforts, injuries do occur. Athletic competition by its very nature results in numerous uncontrollable situations where injuries cannot be avoided. As an athletic participant, there is always the possibility that you may sustain an injury. The injury may range from a minor one to one of great severity, and which could result in deformity, paralysis, or even death.

Your signature below serves as verification that you have read this Participation Risk Statement and fully understand its contents and meaning.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize any insurance company, hospital, physician or other person who has attended or examined the claimant to disclose when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records to the head athletic trainer at Paradise Valley Community College. A photocopy of this authorization shall be considered as effective and valid as the original.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date