

HARRIS-STOWE STATE UNIVERSITY

INTRAMURAL SPORTS PROGRAM

INSURANCE WAIVER FORM

LAST NAME		FIRST NAME	M.I.
DATE OF BIRTH ____/____/____		SOCIAL SECURITY NUMBER ____-____-____	
CITIZENSHIP STATUS <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> INTERNATIONAL STUDENT			
INSURANCE COMPANY			
INSURANCE COMPANY TELEPHONE NUMBER ()			
POLICY NUMBERS (ID NUMBER, GROUP NUMBER, ETC.)		POLICY HOLDER'S NAME (IF DIFFERENT THAN ABOVE)	
CERTIFICATION (PLEASE CHECK ONE.) <input type="checkbox"/> I hereby apply for a waiver AND hold harmless agreement with Harris-Stowe State University for any injuries, and or health-related illness due to my participation in the HSSU Intramural Sports Program for the school year 20____ -20____. <input type="checkbox"/> I certify that I have alternative health coverage now. I have listed the referenced information for my coverage above. I understand that if I should lose my insurance coverage, I must notify the HSSU ISP Office IMMEDIATELY of any changes in my coverage plan.			
SIGNATURE		DATE ____/____/____	
PARENT SIGNATURE (ONLY IF STUDENT IS UNDER 18)		DATE ____/____/____	