

Rutgers University-Camden Disclaimer for Medical Insurance Policy

ALL ATHLETES MUST READ, COMPLETE, AND SIGN THIS STATEMENT TO ACKNOWLEDGE THAT YOU UNDERSTAND THE RUTGERS MEDICAL INSURANCE POLICY

Rutgers University athletics provides a secondary athletic injury insurance policy for every intercollegiate student-athlete. It is provided for every student athlete at no additional charge. This policy is considered an “excess” policy, which means that it will help to cover an unpaid portion of a medical bill after it has been submitted to the athlete’s personal primary insurance plan. The parental/individual insurance is the primary source of payment. Medical expenses acquired due to athletic injury will be billed to the athlete’s personal insurance policy first. If there is a balance remaining, that balance will be submitted to the secondary insurance for consideration of payment. This secondary insurance only covers injuries that occur during official, supervised practices or games, pre-existing injuries are not covered. **Do not assume all medical expenses will be covered; out of pocket expenses may occur.**

RUTGERS UNIVERSITY IS NOT RESPONSIBLE FOR MEDICAL BILLS INCURRED DURING PARTICIPATION IN INTERCOLLEGIATE ATHLETICS

This certifies that I, _____ (print name), know and understand that athletic participation involves inherent risks, such as, but not limited to; cuts, scrapes, and bruises; muscle or ligament strains, sprains, and tears; and broken bones. I understand that in many cases, athletic injury requires emergency care and medical referrals, which incur medical bills. In full awareness of the above and in consideration of my participation in intercollegiate athletics, I waive, release, and discharge any and all claims for medical bills against Rutgers, The State University, its officers, agents, and employees, which I may have, or which may hereafter accrue to me as a result of my participation in the intercollegiate activity. I agree that I have read and understand the above policy in regard to medical bill processing and payment and that I accept its terms and conditions.

Name _____

Date _____