



I, (name of participant) , a member of the George Mason University
approved club sport (club name) , have medical
coverage through the following Insurance provider,

Provider Information

Insurance Provider Name:

Insurance Provider Address:

Insurance Provider Phone #:

Policy Information

Group Name:

Subscriber Name:

Policy Number:

Group Number:

Expiration Date:

George Mason University and Mason Recreation are not responsible for providing medical/health insurance for
George Mason University club sport participants. ALL participants in the club sports program are required to
secure medical/health coverage prior to participation in club sport activities. I understand the risks associated with
participation and MUST maintain coverage throughout my participation in club sport activities. By signing below I
agree to this statement.

Participant Name
(please print)

Participant Signature

Date

Signature of Parent/Guardian
(if under 18 yrs of age)