



SSA Athletics

Student Athlete Health Insurance Waiver

***Please complete section 1 OR section 2 as it pertains to your situation.**

I, _____ confirm that I have health insurance to cover my medical expenses during my stay at SSA. SSA is not responsible for healthcare costs. We assume no responsibility for non-payment of healthcare services rendered by the Student/Athlete. I understand that it is my responsibility to carry adequate health insurance coverage. If I do not carry health insurance, SSA assumes no responsibility in my lack or quality of medical care due to non-coverage. In the event of illness or injury requiring medical attention, I understand that I must obtain my own medical care and be financially responsible for any cost incurred.

Student/Athlete sign _____ date _____

Parent/Guardian sign _____ date _____

I, _____ **DO NOT** have health insurance. I understand that I am attending SSA at my own risk. I also understand that SSA will **NOT** assume financial liability of healthcare services rendered by the Student/Athlete. SSA assumes no responsibility in my lack or quality of medical care due to non-coverage. I understand that I, the Student/Athlete am responsible for obtaining my own medical care.

Student/Athlete sign _____ date _____

Parent/Guardian sign _____ date _____