Information about Medical Insurance Coverage and Risk of Injury for Intercollegiate Athletics

Participation in sports requires an assumption and acceptance of risk of injury. In view of the risks involved in sports, it is necessary to inform each athlete of the risks of participating, especially in contact sports. There is the very present risk of serious injury including, but not limited to, disability, concussions, paralysis and, on rare occasions, death. Intercollegiate football presents the greatest risk for injury. At Brown, although we take every precaution to minimize the risks of serious injury, you are expected to fully understand these risks and are participating voluntarily and of your own free will. If you have any questions or need more information, you must contact your coach, your sports supervisor or the Director of Sports Medicine. You share the responsibility for sports safety and must avoid techniques that are detrimental and against the rules. You are also required to wear and utilize all personal protective equipment for your sport.

The purpose of this document is to inform you of the medical insurance available to you as an intercollegiate athlete at Brown University, to outline our policies and procedures regarding payment of medical bills for athletic injuries, and to advise you of the risks of participation in intercollegiate athletics. Each year many student-athletes assume that Brown University or the Athletic Department itself pays all bills for student-athletes injured in intercollegiate sports. THIS IS NOT TRUE.

To help pay for medical expenses related to injuries, accidents, and illnesses in physical education, intramural, and club sports, and those related to participation in intercollegiate athletics, the University sponsors a Student Health Insurance Plan. You are automatically enrolled in the Plan and charged the annual insurance fee, unless you submit a Student Health Insurance Plan Waiver to the Office of Insurance & Purchasing Services each year by the deadline of August 15th that indicates you have comparable coverage. We strongly recommend that you DO NOT waive this Student Health Insurance Plan. Each year, there are numerous cases of student-athletes who thought their private insurance was adequate only to be told that they were not covered or that they were responsible for a large bill in excess of the amount paid by their insurance company.

If you plan to waive the University’s Student Health Insurance Plan, you will need to evaluate the following coverage provisions of your plan prior to waiving:

Will your insurance plan provide adequate coverage that is accessible in the Providence area and in Rhode Island for:

- MRI, CT, Lab tests and x-rays
- Prescription drugs
- Hospitalization (including room & board, physicians’ fees and surgical expenses)
- Outpatient hospital services
- Mental health care
- Emergency room care
- Intercollegiate sports injuries (your insurance coverage must meet the NCAA required minimum coverage amount of $90,000 for intercollegiate sports injuries)

- Will your insurance plan cover you through the entire year?
- Does your insurance plan have a high deductible that needs to be met before you are allowed to access coverage?

All Brown University student-athletes must provide evidence of insurance that includes coverage for athletically-related injuries.

NCAA rules require that we receive confirmation that your insurance coverage has a limit of at least $90,000 and covers athletically-related injuries. If you are insured through the University’s Student Health Insurance Plan, this requirement is met. Please be aware that the Student Health Insurance Plan has co-payments and deductibles for which you will be responsible. A medical referral from Health Services does not guarantee payment of medical expenses incurred. The University-sponsored insurance coverage will apply in accordance with the benefits provided
by this insurance plan. Also, know the pre-authorization provisions of your plan. Many plans require pre-authorization for diagnostic tests such as MRI’s. The Brown University Student Health Insurance Plan does not require pre-authorization. (View plan brochure at www.Brown.edu/insurance)

Brown University will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting from injuries that occur while participating in intercollegiate athletics at Brown University.

If you have questions regarding the terms of your coverage, you should contact your insurer or, for students insured through the Student Health Insurance Plan, call the Brown University Insurance Office (401-863-9481). Please be sure to note if there are any exclusions in your policy regarding athletically-related injuries.

The NCAA’s Catastrophic Injury Insurance Program covers student-athletes who are catastrophically injured while participating in a covered intercollegiate athletic activity (subject to all policy terms and conditions). The policy has a $90,000 deductible. This coverage does not qualify as the basic coverage required for participation in athletics at Brown University. It is supplemental coverage in the event of a catastrophic injury. More information on this program can be read on the NCAA’s web-site at www.ncaa.org.

If you have any questions regarding this requirement, please contact Bryn Van Patten, Associate Head Athletic Trainer at 401-863-3851.
Acknowledgement of Medical Insurance Coverage & Assumption of Risk of Injury for Intercollegiate Athletics

I/We have read the enclosed information regarding athletic injury coverage and understand the policies and procedures regarding responsibility and payment of medical bills. I/We also understand and assume the risks of participating in intercollegiate athletics, especially contact sports, and participate voluntarily. I/We assume the risks of serious personal injury, including but not limited to, disability, concussions, paralysis and, on rare occasions, death.

Pursuant to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, as amended, Brown University does not bar student participation in intercollegiate athletics solely by reason of disability. The University reserves the right, however, to exclude or restrict a student’s participation where there exists a substantial risk of significant injury and/or aggravation of a pre-existing medical condition or where the student is “not an otherwise qualified individual.”

In consideration for Brown’s permitting the student-athlete to participate in intercollegiate sports,

1. I/We hereby assign the benefits of the insurance plan to the appropriate medical care providers;
2. I/We agree to furnish insurance information on the student-athlete;
3. I/We have elected to keep the Brown Student Health Insurance Policy: yes____ no____
4. If you have waived the Brown Student Health Insurance Policy - I/We attest that the student athlete has insurance coverage under a current, in force health insurance plan for injuries that occur while they are participating in intercollegiate athletics. This coverage has limits of not less than $90,000.
5. If there is a material change in coverage or expiration of coverage, I/We agree to notify the Athletic Department and update the insurance information on file within 7 business days.
6. I/We understand and agree that Brown University will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in intercollegiate athletics.
7. I/We accept complete responsibility for the student athlete’s present physical condition, including any disabilities, whether or not disclosed to Brown University.
8. I/We agree not to hold Brown University and its trustees, employees, volunteers or agents acting on its behalf liable for injuries that the student athlete may incur as a consequence of participation in intercollegiate athletics.
9. I/We accept complete responsibility for the student-athlete reporting concussion related injuries and illnesses to the Brown University medical staff in a timely manner and no less than 24 hours from injury.

___________________________________________  ______________________
Student-Athlete Name (Print)  Sport(s)

___________________________________________  ______________________
Student-Athlete Signature  Date

___________________________________________  ______________________
Insurance Policy Holder/Parent/Guardian Name (Print)  Relationship

___________________________________________  ______________________
Insurance Policy Holder/Parent/Guardian Signature  Date