Under 18 - Acknowledgement of Risk & Insurance Requirements

Parents of student athletes WHO ARE UNDER EIGHTEEN YEARS OF AGE AS OF AUGUST 1, 2019 must fill out and sign this form and then the student should upload the form at patientportal.brown.edu under the Upload Section using the Under 18 – Acknowledgement of Risk & Insurance Requirements Form selection. This form should be submitted prior to their son or daughter participating on a Brown University intercollegiate team.

I have read the enclosed letter regarding athletic injury coverage, and on behalf of my son/daughter I understand the policies and procedures regarding payment of medical bills. We also understand the risks of participating in intercollegiate athletics, especially contact sports, and of our own free will, my son/daughter is applying to participate in:

(Name of sport or sports)

Pursuant to Section 504 of the Rehabilitation Act of 1973, as amended, Brown University does not bar student participation in intercollegiate athletics solely by reason of handicap. 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. In consideration for Brown’s permitting my son/daughter to participate in intercollegiate sports,

1. I/We hereby assign the benefits of my personal insurance to the appropriate providers of my medical care;
2. I/We agree to furnish insurance information on myself as set forth below:
3. I/We have elected to keep the Brown Student Health Insurance Policy: yes _______ no _______

If you have waived the Brown Student Health Insurance Policy, you must fill out the following Acknowledgement of Insurance Requirements:

I, _________________________________, as parent, guardian or legal representative, attest that ________________________________ has insurance coverage under a current, in force insurance policy for injuries that occur while he/she is participating in intercollegiate athletics. This coverage has limits of not less than $90,000.

If there is a material change in coverage or expiration of coverage, I agree to notify the Athletic Department of this development and update the insurance information I have on file with Brown University.

4. 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 at Brown University.
5. I/We accept complete responsibility for my son/daughters present physical condition, including any special disabilities, whether or not disclosed to Brown University.
6. I/We will not hold Brown University or anyone acting on its behalf liable for injuries that my son/daughters may incur as a consequence of my participation in intercollegiate athletic activities.
7. I/We give permission to the Brown University Health Service providers to discuss my son/daughters injury/illness and treatment in relation to athletic participation with the team physicians and athletic trainers.
8. I/We further understand that the athletic training staff and team physicians may disclose and discuss my son/daughter’s injury/illness in relation to athletic participation with institutional officials (for example coaches and athletic department administrators) who have responsibility for decisions about participation in the athletic program.
9. I/We also authorize the athletic training staff and team physicians to disclose and discuss my injury/illness and treatments in relation to athletic participation with my parent(s) and/or guardians, provided however that this authorization can be revoked by providing written notice to the athletic training staff.
10. I/We accept complete responsibility for my son/daughters reporting of concussion related injuries and illnesses to the Brown University medical staff.