
Insurance Information

yes no Does your insurance policy require prior permission before the student can visit a doctor?

yes no Does your insurance policy cover athletic-related injuries?

We encourage you to check your insurance policy about "out-of-area" coverage for your student. Please make sure your student brings his/her insurance card and all necessary phone numbers and co-pay information.

Name of Insurance Company _____

Company address _____

City/State/Zip _____

Insurance telephone number (_____) _____

Policy number _____ Group number _____

Effective date of policy _____ Expiration date _____

Policy limit/total coverage _____ Policy deductible \$ _____

Policy co-pay: Doctor's visit \$ _____ Specialist \$ _____ ER \$ _____

Policy holder's name _____

Policy holder's address _____

City/State/Zip _____

Policy holder's work phone (_____) _____ Policy holder's home phone (_____) _____

Policy holder's relationship to student _____

Policy holder's employer _____

Policy holder's Social Security number _____ - _____ - _____

Primary care physician _____

Physician phone number (_____) _____

Student Release Agreement (All students and parent/guardians must sign this section)

I hereby authorize the Health Services and/or the Athletics Department of Baptist Bible College of Clarks Summit, Pennsylvania, or its representative, to grant permission for emergency surgery or medical treatment of an extraordinary nature, when the attending physician considers medical treatment necessary, and we cannot be reached for explicit permission for such treatment. Parent/Guardian signature is required of all unmarried students under 18 years of age.

We, the undersigned parent(s), guardian(s), and student agree do not agree to allow the student to participate in intercollegiate athletics and/or extracurricular activities at Baptist Bible College of Pennsylvania (BBC). The College is willing to permit the activity to be conducted on the condition of the execution of this instrument.

Therefore in consideration of BBC's authorization of the above activity, the undersigned parent(s) or guardian(s) and student agree that the student, in participating in such activity with or within the use of the facilities of BBC, does so at his/her own risk. Neither BBC nor any officer, employee, Board of Trustees member or agent of BBC shall be liable for any damages arising from personal injuries sustained by the student in the conduct of such activity. The parent(s) or guardian(s) and student acknowledge that participation in some athletic activities have inherent risks and the parent(s) or guardian(s) and student assume responsibility for any injuries.

All parties understand that the student must be covered by health insurance having at least \$75,000 coverage in order to live in BBC housing, or if participating in athletic and/or extracurricular activities. There is no additional coverage for injuries or liability beyond the limits stated in your family policy or student health policy. The undersigned acknowledge that they have had opportunity to make reasonable inquiry into the nature of the activity and have no further questions concerning the nature or conduct of the activity and with such full understanding, do hereby cause this instrument of release indemnity to be executed.

Student

Date

Parent/Guardian

Date

Parent/Guardian

Date