

Grand Canyon University  
Athletic Training Education Program  
3300 W. Camelback Rd.  
Phoenix, Arizona

## **Student Liability Insurance Verification**

As part of my athletic training education preparation, I understand that I will participate in clinical education experiences beyond the university campus. I am aware that I must have personal athletic training student liability insurance to participate experiences. (Insurance must be renewed every year and current through the academic year).

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Therefore I, \_\_\_\_\_, (Print full name)  
SS# \_\_\_\_\_, have athletic training student liability  
insurance as follows:

USA Trainers Organization administered by Lockton Risk Services  
<http://usatrainers.lockton-ins.com/pl>  
(period of coverage: one year- at least through 5/15/of following year)

Coverage through \_\_\_\_\_ (organization)

Beginning Date: \_\_\_\_\_ through \_\_\_\_\_ (Period of Coverage)

**Coverage MUST be through 5/15/ of following year**

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### **ATTACH A COPY OF YOUR MEMBERSHIP CARD OR RECEIPT AS PROOF OF COVERAGE.**

1. Clinical cannot be made until proof of coverage is provided.
2. Membership needs to be renewed every year in order to maintain coverage. Proof of coverage is required every year.
3. Providing false information may result in termination of clinical and withdrawal from the program.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_