

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 needs to be renewed every year).

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

Options:

USA Trainers Organization administered by Lockton Risk Services

<http://usatrainers.lockton-ins.com/pl>

Healthcare Providers Service Organization www.hpsso.com

(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

ATTACH A COPY OF YOUR MEMEBRSHIP 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 _____