



AFFIDAVIT OF NO INSURANCE

I, _____, due hereby swear that I have no medical health insurance for
(print name)
payment of medical bills associated with my injury sustained during my participation in
intercollegiate athletics. I hereby state that I am not qualified to collect for medical
benefits under the policy of any relative with whom I am, or may not, reside with.

(Print student-athlete's name)

(Student-athlete's signature)

(Date)

In witness whereof, the undersigned has hereunto set _____ hand and
seal this _____ day of _____, 20__.

(Witness)

(Notary)

(Address)

(Address)