

**Acknowledgement of Insurance Requirement Form**  
**Southwest Wisconsin Technical College**

Sport: \_\_\_\_\_

I, \_\_\_\_\_, attest that I have insurance coverage under a  
(Student-Athlete)

current, in force insurance policy for injuries that occur during my participation in intercollegiate athletics. This policy has adequate coverage.

**If there is a material change in coverage or expiration of coverage, I agree to notify Southwest Wisconsin Technical College of this development and update the insurance information I have on file with Southwest Wisconsin Technical College.**

I understand and agree that Southwest Wisconsin Technical College 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 Southwest Wisconsin Technical College.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**This form must be signed and returned to the**  
**Southwest Wisconsin Technical College**  
**Athletic Director**

Return to:  
Athletic Director  
Southwest Tech  
1800 Bronson Boulevard  
Fennimore, WI 53809

**You must include a copy (front and back) of your current insurance card.**