

**UNIVERSITY OF ROCHESTER
CLUB SPORTS PROGRAM**

**RECOGNITION OF NON-COVERAGE RELEASE FORM
NON-UNIVERSITY OF ROCHESTER STUDENTS**

I, _____ a member of the University of
Rochester _____ Club, recognize that I am not
Covered under the University of Rochester Club Sport Catastrophic Insurance as I am not a full-time student
at the University of Rochester. I hereby assume all financial responsibility for any injuries I may sustain
while participating in University of Rochester Club Sport Activities.

Signature _____

Date _____