



(SUMMER) ACTIVITY PROGRAM INSURANCE
REQUEST

TO: RISK MANAGEMENT

A request for limited health and accident insurance for participants in a Longwood University program must be received by the Risk Management Office two weeks prior to the beginning of any activity in order to ensure coverage for the activity.

Name of program: _____

Actual dates of activity: _____ to _____

Estimated number of participants: _____

Program director/department: _____

Insurance premium to be paid to _____ following the camp activity will be _____ per day per participant.

I hereby verify that our program director is aware of the obligation to obtain a signed Agreement to Participate (waiver of liability) form from each participant upon enrollment in a Longwood University program. A participant who does not have a waiver on file in the program office will not be eligible to participate in any activity.

Signature of Person Requesting the Insurance

Date