

# HEALTH INSURANCE CONFIRMATION

## CONFIRMATION OF PERSONAL HEALTH INSURANCE

I, \_\_\_\_\_, hereby declare that I possess medical insurance administered by  
\_\_\_\_\_ Insurance Company.

Policy # \_\_\_\_\_ which will provide coverage for medical and hospital expenses resulting from accidental bodily injury while practicing for, or participating in, any training event attached to Team Kelly White's Triathlon Club.

\_\_\_\_\_

\_\_\_\_\_

(signature of Tri Club participant)

(date)