

**Department of Management and Marketing
Statement of Insurance Coverage**

Western Illinois University - College of Business and Technology

I,

certify that I currently have privately purchased health and major medical insurance that includes coverage for evacuation and repatriation, or paid insurance under the Student Health and Major Medical Program which is provided to Western Illinois University students, and that I will not cancel or change this insurance coverage during the period of my internship. I further represent that I am above the age of 21 years,* with full understanding of all risks involved and agree that this waiver and release shall be binding upon my heirs, executors, administrators, and assignors.

*Parent/Guardian Signature required if under 21.

Student Name

Student Signature & Date:

Witness Name

Witness Signature & Date:

Parent/Guardian Name

*** Parental/Guardian Signature & Date:**
