Liability Insurance Disclaimer

We highly recommend that students acquire professional liability insurance totaling \$1 million in coverage for the duration of the internship. Although students are not required to carry professional liability insurance in order for their internship to be approved, we do require them to complete this this form to verify that they've chosen to pursue the insurance coverage or acknowledge that they've decided to refrain from obtaining it.

Department of Tourism, Recreation & Sport Management				
Name:			UFID:	
Semester of Internship:			Major:	
	Please check the appropri	ate box:		
	☐ I have liability insurance coverage. (Complete PART I)			
	☐ I do not have liability insurance coverage. (Complete Part II)			
Part I: Liability Insurance Information				
	Provider Name:		Effective Dat	e:
	☐ I have attached a copy of my certificate of liability insurance to this page.			
	My signature verifies this information is true and accurate: Student Signature			
Part II: Uninsured Student Disclaimer				
	I,, understand that the University of Florida is not **Print Name**			
	responsible for any liability expenses incurred during my internship. Further, I have been			
	advised by the University of Florida to obtain professional liability insurance and I have			
	elected not to do so.			
		Student Signature		Date