**2021/2022 G4M&O Participant Personal Insurance Cover Form**

**Participant Private insurance Declaration **

**By signing the participant personal insurance cover form below, I am decalaring the following:**

* I understand that personal injury cover during the programme is not the responsibility of the Ladies Gaelic Football Association or the ……………………….(insert Club/Group Name) that are running the programme.
* I understand that I am taking part in the programme of my own volition and that I am responsible for any injury or accident to my person that may occour by my actions and such activities are covered through my own private health cover.
* I understand that I have opted out of the Group policy insurance cover as I have my own private cover that covers all G4M&O activities.

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| **Print Name:** | **Signature:** | **Policy Provider** | **Date:** |
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