INTERCOLLEGIATE ATHLETICS HANDBOOK 2013-2014

Mission Statement

SUNY-ESF offers an intercollegiate athletics program which supports the academic mission of the College and contributes to the quality of student life on campus. Participation in our athletics program benefits our students and our College in several specific areas including:

- **Student Development** - Student participation in athletics provides opportunities to develop teamwork and leadership skills along with physical fitness, recreation, sportsmanship, self-awareness and community involvement.

- **Student Activities** – Our athletics program provides social opportunities for spectators in addition to the student development opportunities provided to participants.

- **School Spirit** - Our athletics program enhances school spirit and alumni involvement and helps to build institutional pride and identity.

- **Visibility** - Our athletics program helps to generate media coverage and increases the College’s visibility and reputation.

- **Student Recruitment and Retention** - The availability of intercollegiate athletics is a significant factor in the college selection process for many outstanding student-athletes who seek the quality education ESF provides. Athletics can also contribute to student retention and degree completion.

The Student Athlete

The intercollegiate athletics program at ESF is built on a firm commitment to supporting the academic mission of the College, with the understanding that intercollegiate athletes are, first and foremost, students. Our student-athletes are dedicated to completing their degree programs and succeeding in life after graduation, and our intercollegiate athletics program helps them to achieve those goals.

Student-athletes at ESF are expected to meet the same academic and student life standards and responsibilities that are expected for all undergraduate students. Student-athletes are expected to
be familiar with, and to fully comply with, the standards and responsibilities described in official College publications, including:

- The General Catalog of the State University of New York College of Environmental Science and Forestry- This catalog is updated annually and is available online at [www.esf.edu/catalog/](http://www.esf.edu/catalog/).

- The ESF Student Handbook - This handbook contains important information and College policies pertaining to student conduct, academic requirements, alcohol and drug use, sexual harassment, personal safety and other issues. It is available online at [www.esf.edu/students/handbook/](http://www.esf.edu/students/handbook/).

- Academic Integrity at ESF - This publication outlines the rights, responsibilities, and violation consequences associated with plagiarism, cheating and other academic integrity issues. It is available online at [www.esf.edu/students/handbook/](http://www.esf.edu/students/handbook/).

### Eligibility Requirements for Intercollegiate Athletics

The following eligibility requirements must be met by all student-athletes at ESF to be in compliance with USCAA and ESF regulations and eligible for participation in intercollegiate athletics:

- The student must be a graduate of an accredited high school or have earned a graduate equivalent degree (GED) or home school certificate. He or she must be admitted as a regular student in good standing as defined by ESF’s current admissions policies.

- All students must be enrolled in a recognized academic program and be making progress towards a two or four year degree at the attending college.

- All students must be enrolled in a minimum of 12 credits at time of participation. If a student is enrolled in less than 12 credits, he/she will be considered part-time for eligibility purposes.

- Student-athletes must achieve a cumulative grade point average of 2.00 or higher on a 4.00 scale following each semester of enrollment at ESF to participate in intercollegiate athletics (ESF’s GPA requirement is higher than the current USCAA requirement).

- Second semester students must have achieved a GPA of 2.0. Thereafter, all students must pass 24 credit hours the two preceding terms of attendance. **Exception.** If a freshman completes their first semester at an institution and leaves the following semester, upon the student's return they may reestablish their eligibility by completing the necessary credits to reach 12 during a summer or interim period only.
• Summer and inter-term credit hours can be used to satisfy the 24 credit hour rule and GPA requirement. Summer credit hours should be attached to the preceding spring term for eligibility purposes. Winter term credits should be attached to the first semester.

• If a student transferring to a member institution has ever participated in intercollegiate athletics, the student must have been academically and athletically eligible had he or she remained at that institution. If the transferring student is ineligible, they are required to complete one full academic year of residence at ESF before being eligible to compete. An academic year shall be completed when the student is enrolled in and completed a minimum full-time program of studies for two full semesters.

The institution to which the student is transferring (ESF) must submit a formal request to the institution that the student is transferring from to determine the student's eligibility (form found under forms at www.theuscaa.com).

• Students transferring into USCAA member colleges during a mid-season sport shall be eligible to participate immediately, provided that each institution’s athletic director signs off on the transfer, and that the student was academically eligible at the institution he/she is transferring from.

Students transferring into USCAA member colleges during a two-semester sport shall be eligible to participate immediately, provided that each institution’s athletic director signs off on the transfer, and that the student was academically eligible at the institution he/she is transferring from. The transferring athlete will abide by USCAA Bylaws Section 24.6.3 which states that the student athlete is not eligible until the first day of classes.

• Students with any questions or concerns about eligibility should contact their coach and the Coordinator of Athletics.

• Additional eligibility requirements may apply to ESF student-athletes, as outlined in the USCAA website (www.theuscaa.com). ESF coaches and student-athletes are responsible for meeting all USCAA eligibility requirements, and the Office of Athletics must certify student eligibility prior to participation.

• ESF eligibility requirements may exceed the minimum requirements set by the USCAA.

Class Attendance and Assignments

• Student athletes at ESF are expected to meet all academic responsibilities for regular class attendance and all assigned academic work required for course completion, consistent with the requirements set for other students in their class or academic program.

• The coaches of intercollegiate athletic teams will provide the faculty with a list of the students participating on their teams and the dates when these students may request
absences for participation in athletic competitions (not practices). Student-athletes are
personally responsible for requesting faculty permission to be excused from class due to
athletic competitions, and are expected to do so well in advance of the competition date
to allow an appropriate time for faculty response.

- Faculty members are encouraged to allow student-athletes to miss class for athletic
events, but they are not required to do so. Students excused from class are not excused
from any required work. It is up to the student and faculty member to determine how
missed work can be made up.

- Class attendance and related expectations should be clearly communicated to all students
during the earliest class sessions of each semester, and student-athletes should actively
seek this information to avoid potential misunderstandings with their instructors.

**Admission Standards and Procedures**

Student-athletes are admitted to ESF using the same admissions standards used for non-athletes.
Admission policies and application procedures can be found on the College website at
[www.esf.edu/admissions/](http://www.esf.edu/admissions/).

**Financial Assistance**

SUNY-ESF does not offer athletic scholarships or grants-in-aid to student-athletes. The College
offers a variety of need-based grants and academic merit-based scholarships with eligibility
determined on an individual basis dependent upon each student’s demonstrated financial need
and academic performance or potential. Athletes and non-athletes are awarded financial aid and
scholarships using the same award criteria and renewal criteria.

Need-based grants, student loans, campus employment and other financial aid programs are also
provided through New York State and/or the federal government. The College’s financial aid
process determines student financial need based on a review of the Free Application for Federal
Student Aid (FAFSA). ESF’s financial aid programs and policies comply with NCAA Division
III regulations, as well NAIA regulations and the scholarship policies established by the State
University of New York. Additional information about college costs and financial assistance can
be found on the College website at [www.esf.edu/financialaid/](http://www.esf.edu/financialaid/). ESF’s affordable state-supported
tuition along with available grants and scholarships make an ESF education possible for many
student-athletes.

**Institutional Control of Intercollegiate Athletics**

The State University of New York policy on intercollegiate athletics (Policy Document #3000)
provides for the formation of an Intercollegiate Athletics Board (IAB) on each state supported
campus to monitor, review and recommend policies for intercollegiate athletics and to advise the
campus president. The IAB also has the responsibility for developing the annual intercollegiate athletics budget and recommending it to the campus president for approval. Additional information pertaining to IAB duties and member requirements can be found on the SUNY website at [www.suny.edu/sunypp/documents.cfm?doc_id=50/](http://www.suny.edu/sunypp/documents.cfm?doc_id=50/)

ESF’s Intercollegiate Athletics Board is composed of three student representatives, three faculty representatives, two administration representatives, and one alumni representative. A list of current members is available and can be provided through the Office of the Vice President for Enrollment Management and Marketing.

### Use of Alcohol and Other Drugs

Student-athletes, coaches and other members of the ESF community are expected to abide by the College policy and applicable local and state laws governing the use of alcohol and other drugs. The official ESF policy governing use of alcohol and other drugs is provided in Document ID#ADM.005 (available online at [www.esf.edu/au/pp.htm](http://www.esf.edu/au/pp.htm)). This policy is provided in the Student Handbook published each year by the Office of Student Life (available online at [www.esf.edu/students/handbook/](http://www.esf.edu/students/handbook/)) and is included as an appendix to this handbook.

### Use of Tobacco and Tobacco Products

Student-athletes, coaches and other members of the ESF community are expected to abide by the College Smoking Policy and applicable local and state laws. The official ESF policy governing smoking is provided in Document ID#ADM.008 (available online at [www.esf.edu/au/pp.htm](http://www.esf.edu/au/pp.htm)). This policy prohibits smoking in all College-operated buildings and in all vehicles owned and operated by the College, and places limits on smoking in outdoor areas. It is included as an appendix to this handbook.

### Use of Prescription Drugs

It is the student-athlete’s responsibility to provide documentation of their successful completion of an annual physical examination prior to any participation in intercollegiate athletics. This documentation must include information about any current use of prescription drugs. Any illegal use of prescription drugs is prohibited and will result in sanctions for substance abuse-related violations of the ESF Code of Student Conduct and ESF policy governing the use of alcohol and other drugs.

### Health Insurance

It is the student-athlete’s responsibility to obtain primary insurance coverage and to maintain coverage throughout their participation in the ESF intercollegiate athletics program. Consistent with other colleges and universities, the Office of Athletics will look to the parents’ or guardians’
health and accident insurance as primary coverage for any injury or illness which may occur during intercollegiate athletics practice sessions or competition. Additional insurance coverage for catastrophic injuries resulting from participation in intercollegiate athletics will be provided by the College of Environmental Science and Forestry (for detailed information on the catastrophic injury policy see appendices).

Student-athletes must complete and sign a **Statement of Insurance and Emergency Authorization** form and submit that form to ESF’s Office of Athletics prior to participation in any intercollegiate athletics program. This form must be updated on an annual basis and will be kept on file in the Office of Athletics. A copy of this form is provided as an appendix to this Handbook.

**Required Physical Examination and Medical History**

All new and returning student-athletes must submit a Physical Examination Clearance Form each year, prior to participating in any intercollegiate athletics activity (tryouts, practices, contests, etc.). This form is included as an appendix to this handbook. It must be completed and signed by a physician, and must be mailed to the SUNY-ESF Office of Athletics, 10 Bray Hall, Syracuse, NY 13210.

Entering freshmen and transfer students should note that they are also required to submit their Syracuse University Health Services Form prior to their first semester of enrollment at SUNY-ESF. This form will provide your medical history and document your compliance with immunization requirements. **It must be signed by your chosen health care professional.** It will be kept on file at the Syracuse University Health Services office. SUNY-ESF students are eligible for health care services provided by the Syracuse University Health Services department, including emergency and medical transportation services if their health fee is paid. See [http://health.syr.edu](http://health.syr.edu) for additional information, and to download a Health Services form.

All student-athletes must also complete and sign a copy of the **SUNY-ESF Athletic Pre-Participation Medical History** form, and provide that form to the Office of Athletics prior to each year of participation in intercollegiate athletics.

The **Syracuse University Health Form** and the **SUNY-ESF Athletic Pre-Participation Medical History** form are provided as appendices to this Handbook.

**Assumption of Risk and Release of Claims**

All student-athletes must sign an Assumption of Risk and Release of Claims form prior to participation in any intercollegiate athletics program at ESF. A copy of this form is provided as an appendix to this Handbook.
APPENDICES
Policy Governing Use of Alcohol and Other Drugs

Introduction:

The College of Environmental Science and Forestry is committed to providing a safe and healthy environment for all members of our community. This policy is intended to articulate, affirm, and maintain community-wide norms that support abstinence and encourage low-risk choices regarding alcohol and other drugs; choices that will not compromise positive living, learning, and working experiences for each member of our community. This policy provides a framework for the College’s approach to prevention and intervention, and defines acceptable and unacceptable behaviors with regard to alcohol and other drugs.

Guiding Principles:

• College as a Community: The College of Environmental Science and Forestry is an educational institution dedicated to pursuing excellence, promoting academic achievement, and advancing knowledge. The College takes a demonstrable interest in the intellectual, physical, and psychological well-being of its members. Ultimately, the College seeks a proper balance between individual freedom to learn from experience and the need to accept and live within the standards of conduct set by the community. The College expects all its members and guests to share in the responsibility of adhering to and enforcing this policy.

• Proactive Approach: Federal, state, and local laws and other mandates require the College to promulgate policies and procedures that stipulate sanctions for violating standards for misusing alcohol and other drugs; however, the College’s efforts go beyond rules and sanctions. The College aims to institute policies and procedures that develop and sustain healthy community-wide norms to facilitate the prevention of problems while providing resources for intervention and assistance.

• Prevention, Education and Intervention: The College of Environmental Science and Forestry seeks to provide an environment in which drug and alcohol abuse is not tolerated and does not interfere with the goals of the College as an educational institution and workplace. To provide an environment that does not tolerate the illegal and harmful use of alcohol and other drugs and helps to prevent problems related to those substances, the College engages in proactive efforts including the following

NOTE: To ensure consistency and continued collaboration, ESF’s Policy Governing Use of Alcohol and Other Drugs reflects selected provisions of the Syracuse University policy. Components of this policy may change without prior notification.
educating members of the community about policies related to alcohol and other drugs and sanctions used to enforce these policies;

- intervening and providing assistance to those with problems while creating an atmosphere in which those with problems are encouraged to seek help; and

- offering low-risk social options that support institutional initiatives fostering health and wellness.

- Values Regarding Substances and Education: Taking into account the public health and safety concerns expressed above, the College of Environmental Science and Forestry supports the following values with regard to substances and education.

  - **Alcohol**: Abstinence is supported as a primary option. Consuming alcoholic beverages legally and in moderation is accepted. Drinking alcohol excessively is not. Unlawful behaviors involving alcohol are prohibited. Disruptive behavior that creates potential for harm or infringes on the rights of others is prohibited.

  - **Illegal and Other Drugs**: There is zero-tolerance for the unlawful possession and use of illegal drugs. This zero-tolerance also applies to improperly using prescription medications, controlled substances, or other legal drugs. Possessing drug paraphernalia is prohibited.

  - **Education**: The College supports and utilizes alcohol and drug education and early intervention programs where appropriate. Self-referral to such programs is strongly encouraged and participation is strictly confidential. Community members are expected to be aware of the risks associated with abuse of alcohol and other drugs and the education and early intervention programs available to the community.

- Health Risks and Information:

  - Health risks associated with the use of alcohol include but are not limited to memory loss, depression, seizures, falls and accidents, heart and lung diseases, frequent infection, and sudden death.

  - Social risks associated with the use of alcohol include but are not limited to damaged relationships, academic failure and family problems.

  - Grain alcohol is very dangerous when consumed. It is usually in a concentration of about 95 percent (185-190 proof), is highly toxic, and physically damages body cells, including causing burn injuries to the mouth and esophagus. Possession of grain alcohol by any person, regardless of age, is a violation of New York State Law.

  - For further information and assistance regarding alcohol and other drug related matters, community members may consult the Office of Student Life and
Experiential Learning, the Human Resources Office, and Syracuse University Health Services.

Use of Alcohol and Other Drugs:

- Jurisdiction: The College’s Policy Governing Use of Alcohol and Other Drugs applies to the activities of all College of Environmental Science and Forestry students, recognized student organizations, staff, faculty, guests and visitors as follows. This policy applies to:
  - all activities occurring on College owned, operated, or controlled property;
  - all College-sponsored events occurring at any location;
  - all individuals while representing the College at any location;
  - all students as detailed in the Code of Student Conduct; and
  - all student organizations as detailed in the Student Organization Handbook.

- Comprehensiveness: All organizational units of the College shall conform to this policy as well as all federal, state, and local laws.

- Definitions: Definitions applicable to this policy are included in Appendix A.

- Drugs:
  - The unlawful manufacture, distribution, sale, purchase, possession, or use of any drugs or controlled substances is prohibited.
  - Possession of drug paraphernalia is prohibited.

- Alcohol:
  - The unlawful service, distribution, sale, possession, consumption, or other unlawful use of alcoholic beverages is prohibited.
  - “Legal drinking age” is defined as that of the state or country where the ESF-related activity takes place.
  - Unlawful behaviors involving alcohol including, but not limited to, underage drinking, public intoxication, drinking and driving, manufacturing, distributing, and using false identification are prohibited.
  - All events occurring on College owned, operated, or controlled property and all College-sponsored events where alcohol is present must conform to the guidelines set forth in the Policy for Serving Alcoholic Beverages at Campus Events (see administrative policy #ADM.004).
  - In addition to College-sponsored events as described above, alcoholic beverages may be served/consumed on College owned, operated, or controlled property only in:
    - specifically designated locations as outlined in Appendix B, and
    - private College residential units of persons of legal drinking age provided that the host and all guests present are also of legal drinking age. Alco-
holic beverages dispensed via a central source container, such as kegs and beer balls, are prohibited in all student/guest residential facilities.

- Students under the legal drinking age may not distribute, sell, possess, consume or be in the presence of alcohol in assigned living quarters.

Sanctions for Violations of Alcohol and Other Drugs Policy:

- Employees and students known to violate this policy are subject to College disciplinary actions and public law enforcement actions.

- Any College official shall have the authority to take action regarding any violation of this policy occurring on College owned, operated, or controlled property or at any College-sponsored event. Any member of the College community may file a complaint pursuant to established College disciplinary procedures against any individual, student organization, or department he/she knows or believes to have violated this policy. Complaints may be filed through established College process, and, if a violation is found to have been committed by the accused individual or student organizations, appropriate sanctions will be determined with criteria identified below.

- **Students and Recognized Student Organizations**: All students and student organizations are governed by this policy. Allegations that one or more students or recognized student organizations have committed a violation of this policy are handled by the College Judicial System. College sanctions are described in Appendix C. Students may also be subject to external sanctions.

- **Employees**: All College employees are governed by this policy. Allegations that an employee has violated the policy are handled by the Human Resources Office. Employees found to have violated this policy are subject to appropriate disciplinary action, pursuant to state, local, and federal law, and policies of the Human Resources Office. Such disciplinary action may include, but is not limited to: referral for appropriate assessment, education, counseling, and rehabilitation. In cases where impaired performance is due to illegal drugs, immediate suspension or dismissal may result. Employees may also be subject to external sanctions.

- **Visitors and Guests**: All visitors and guests are governed by this policy. Visitors and guests found to be in violation of this policy may be asked to leave College property immediately and may be subject to external sanctions. ESF students will be held responsible for the behavior of their guest(s).

- **External Sanctions**: Penalties available under generally applicable federal, state, and local laws are not diminished or replaced by the sanctions imposed under this policy.
Appendix A: Definitions

When used in this policy, the following definitions apply:

- Alcohol means ethyl alcohol, hydrated oxide of ethyl or spirit of wine from whatever source or by whatever processes produced.

- “Legal drinking age” is defined as that of the state or country where the ESF-related activity takes place.

- Alcohol abuse means the excessive use of alcohol in a manner that interferes with (1) physical or psychological functioning; (2) social adaptation; (3) educational performance, and (4) occupational functioning.

- Controlled substance means a controlled substance in Schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C. 812) or whose possession, sale, or delivery results in criminal sanctions under New York State Law. In general, this includes all prescription drugs, as well as those substances for which there is no generally accepted medical use (e.g., heroin, LSD, etc.), and substances that possess a chemical structure similar to that of a controlled substance (e.g., designer drugs). This term does not include alcohol.

- Illegal drug or chemical substance is (1) any drug or chemical substance, the use, the sale, or possession of which is illegal under any state or federal law, or (2) one which is legally obtainable but has not been legally obtained. The term includes prescribed drugs not legally obtained and prescribed drugs not being used for prescribed purposes.

- An individual or group is considered to be representing the College when their activities involve active management, physical or administrative oversight, financial support, and/or release time by the College. Students represent the College when: (1) they are traveling on College money (including student fees), (2) they are on the job (in positions paid for by College accounts and student fees), (3) they use their College or student government titles or elected positions.
Appendix B: Designated Locations

- Non-Residential Campuses/Properties: Individual possession and consumption of alcohol is prohibited. College-sponsored activities approved by the Dean of Student Life and Experiential Learning may involve alcohol. The Dean of Student Life and Experiential Learning will approve functions and locations on a case-by-case basis.

- Ranger School/Wanakena Campus: Consumption of alcohol is not permitted in public areas. Consumption is permitted in private residential units of persons of legal drinking age provided that the host and all guests present are also of legal drinking age. College-sponsored activities approved by the Dean of Student Life and Experiential Learning may involve alcohol. The Dean of Student Life and Experiential Learning, in consultation with the Ranger School Director, will approve functions and locations on a case-by-case basis.

- Cranberry Lake Biological Station: Consumption of alcohol is not permitted in bunk houses or public areas. Consumption of alcohol is permitted only at the fire pit south of Sucker Brook bridge by those of legal drinking age. College-sponsored activities approved by the Dean of Student Life and Experiential Learning may involve alcohol. The Dean of Student Life and Experiential Learning, in consultation with the Property/Program Director, will approve functions and locations on a case-by-case basis.

- Adirondack Ecological Center: Consumption of alcohol is not permitted in office or laboratory facilities, the dining hall or its immediate grounds. College-sponsored activities approved by the Dean of Student Life and Experiential Learning may involve alcohol. The Dean of Student Life and Experiential Learning, in consultation with the Property/Program Director, will approve functions and locations on a case-by-case basis.

- Residences of College Employees: Lawful consumption of alcohol by College faculty and staff who live in College residences and their guests is permitted.
## Standard Sanctions for Substance Abuse-Related Violations of the ESF Code of Student Conduct

<table>
<thead>
<tr>
<th>Category</th>
<th>First Violation</th>
<th>Second Violation</th>
</tr>
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<tbody>
<tr>
<td>“In the presence of” alcohol or other drugs under prohibited circumstances (e.g. in residence halls)</td>
<td>Social probation; and educational project</td>
<td>May result in suspension for a minimum of one academic semester. Third offense will result in dismissal.</td>
</tr>
<tr>
<td>Use or possession of alcohol under prohibited circumstances</td>
<td>Disciplinary probation; parent notification; educational project; and community service hours</td>
<td>Suspension for a minimum of two academic semesters</td>
</tr>
<tr>
<td>Supplying alcohol to underage person(s)</td>
<td>Disciplinary probation; parent notification; educational project; and community service hours</td>
<td>Suspension for a minimum of two academic semesters</td>
</tr>
<tr>
<td>Intoxication or other substance abuse-related behavior posing a substantial risk to the health and well-being of self and/or others</td>
<td>Disciplinary probation; parent notification; residential relocation; alcohol/drug program; educational project; and community service hours</td>
<td>Suspension for a minimum of two academic semesters</td>
</tr>
<tr>
<td>Use or possession of marijuana or drug paraphernalia</td>
<td>Disciplinary probation; parent notification; residential relocation; alcohol/drug program; educational project; and community service hours</td>
<td>Suspension for a minimum of two academic semesters</td>
</tr>
<tr>
<td>Driving any motor vehicle while intoxicated or while under the influence of unlawful drugs</td>
<td>Suspension for a minimum of one academic semester; and community service hours prior to readmission</td>
<td>Dismissal</td>
</tr>
<tr>
<td>Manufacture, sale, purchase, or distribution of illegal drugs or controlled substances</td>
<td>Dismissal upon conviction or suspension for a minimum of one year until case is adjudicated.</td>
<td>Dismissal (if not already dismissed)</td>
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Administration of all sanctions will follow policies and procedures for enforcement, as defined in the ESF Student Handbook (Appendix A: Code of Student Conduct).

¹ Sanctions will be determined on a case-specific basis by the adjudicator/appropriate adjudicative body.

² Other than College-sponsored events, students under the legal drinking age should not be in a situation where alcohol is being consumed. All students should avoid situations where there is illegal drug use.

³ As defined by residence hall policies and ESF jurisdictions.

⁴ Any alcohol- or drug-related offense after a student returns from a suspension for substance abuse-related violations will result in dismissal.

⁵ Suspension for two academic semesters may include the current semester (if the violation occurred prior to the 5th week of classes) and a consecutive semester.
Introduction:

In 2003 the New York State Legislature imposed restrictions on smoking in public places and places of employment in the State of New York. To comply with the law, the College has adopted the following smoking policy.

According to reports issued by the Surgeon General, smoking presents risks of certain cancers, coronary artery disease, emphysema, gastric ulcers, stroke, and fetal injury. In general, smokers die from a variety of ailments at a rate twice as high as non-smokers. Studies have also indicated that exposure to secondhand smoke is a significant risk to non-smokers. In recognition of creating a healthy, comfortable and productive environment for all students, faculty, staff and visitors, as well as complying with applicable law, the College has adopted the following policy that restricts the right to smoke on its premises:

- Smoking is prohibited in all College-operated buildings and in all vehicles owned and operated by the College. Doorways and loading docks are considered part of a building.
- Smoking is also prohibited in any outdoor area where flammable substances or combustible materials are used or stored.
- Persons who choose to smoke may do so outdoors no closer than 25 feet from building openings such as doors, windows, air intakes, loading docks, etc.

Compliance:

1. It is the responsibility of all administrators, faculty, staff and students to observe this policy.
2. Unit Heads, Chairs and Directors shall ensure that all personnel within their areas comply with this policy.
3. Employees or students who violate this policy may be disciplined through the Office of Human Resources or the Student Judiciary, respectively.
4. Any person who fails to comply with this policy may be in violation of Article 13E of the New York State Public Health Law. Violators may be subject to the imposition of a civil fine in addition to College disciplinary action.
5. Visitors are also required to observe this policy. Those who refuse to do so may be removed from or denied re-admittance to a building or event.
Smoking Cessation Assistance:

The Employee Assistance Program has several booklets available to assist with smoking cessation. Call x6847 for information.

The New York State Smokers’ Quitline offers:

- trained Quitline specialists offering help with quit plans – call 866-NYQUITS (866-697-8487).
- free starter kit of nicotine patches, gum or lozenges for eligible NYS smokers
- information about local stop smoking programs
- informational taped messages, including tips on the best ways to quit smoking, daily tips for support while trying to quit and information about free nicotine replacement options such as the patch or gum.

The website of the American Cancer Society also has information to help quit smoking: http://www.cancer.org/docroot/PED/ped_10_3.asp?sitearea=PED.
ASSUMPTION OF RISK AND RELEASE OF CLAIMS FOR PARTICIPATION IN INTERCOLLEGIATE ATHLETIC ACTIVITIES AT SUNY-ESF

In consideration of being permitted to participate in the Intercollegiate Athletics Program ("the Program") by the State University of New York College of Environmental Science and Forestry ("the College"), I agree, on behalf of myself, my family, heirs, and personal representatives, to assume all the risks and responsibilities of my participation in the Program. I have been fully and completely apprised of the actual and potential risks inherent in this activity. These include the risk of property damage or loss, personal injury or death. By signing below, I am asserting that I am knowingly and voluntarily assuming such risks.

Furthermore, I do hereby acknowledge complete responsibility for all doctor, hospital, dental, first aid and other medical expenses, which I may incur while participating in the Program.

To the maximum extent permitted by law, I release and indemnify the State of New York, the State University of New York, the College, and their officers, employees, agents and volunteers, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during or as a result of my participation in the Program, including periods of travel.

In signing this Assumption of Risk and Release, I acknowledge and represent that I have read the foregoing, understand it, and sign it voluntarily, that no oral representations, statements or inducements, apart from this written agreement, have been made, that I am at least 18 years of age and fully competent (or if not, my parent or guardian is also signing), and I am executing this Assumption of Risk and Release for full, adequate and complete consideration, fully intending to be bound by the same.

Dated:

________________________________________
Name of Student

_____________________________________
Signature

Dated:

_____________________________________
Parent/Guardian if Student under 18

_____________________________________
Signature
SUNY-ESF INTERCOLLEGIATE ATHLETICS
STATEMENT OF INSURANCE AND EMERGENCY AUTHORIZATION

Name ___________________________ Date of Birth _______________________

Sport __________________________

SUNY-ESF does not provide basic insurance coverage for the damages and costs associated with athletic injuries. The College Athletics Office requires that you complete and sign this statement to show proof of your insurance coverage and provide authorization for emergency medical treatment if needed. Participation will not be allowed until this statement is signed and on file with the College Athletics Office.

STATEMENT OF INSURANCE
I understand that as a student athlete at SUNY-ESF, I am required to have and maintain current individual medical/health insurance coverage, before and while participating in any strength and conditioning session, practice, game, competition, and/or team travel that is supervised by approved SUNY-ESF coaching staff, and I affirm that I have such coverage.

I understand that, since participation in SUNY-ESF athletic programs is voluntary, SUNY-ESF shall not be responsible for medical bills, including deductibles, not covered by my medical/health insurance policy. I understand that coverage or reimbursement for costs associated with hospital emergency room visits, hospitalization, and other health care, shall be determined solely by my health insurance policy.

Please indicate below the type of health/accident insurance coverage you have to ensure that you are in compliance with SUNY-ESF requirements for participation in intercollegiate athletics:

_____ I am covered by my parent’s health/accident insurance plan with:
Insurance Company: ___________________________ Policy #: __________________

_____ I am covered by my own personal health/accident insurance plan with:
Insurance Company: ___________________________ Policy#: __________________

EMERGENCY AUTHORIZATION
I hereby authorize emergency medical treatment that may be deemed necessary by SUNY-ESF Athletics staff during my participation. (Efforts will be made to contact the emergency contact person listed below prior to treatment.)

Emergency Contact Person ___________________________ Address and Telephone Number ___________________________

I hereby authorize the release of all health information contained in my student records maintained in the Syracuse University Health Center or the College Athletics Office to any parties deemed necessary by SUNY-ESF Athletics staff.

REQUIRED SIGNATURE(S)
I have carefully read this statement before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.

_________________________________________ Date
Signature of Student Athlete

If Student Athlete is under 18 years of age, a parent or legal guardian must also read and sign this form.

I (A) am the parent or legal guardian of the above student, (B) have read the foregoing statement (including such parts as may subject me to the personal financial responsibility), (C) am and will be legally responsible for the obligations of the student as described in this statement.

_________________________________________ Date
Signature of Parent/Guardian
Athletic Pre-Participation Medical History

Office of Athletics
10 Bray Hall – SUNY ESF
1 Forestry Drive
Syracuse, NY 13210
Fax: 315-470-4901

Please return by August 6

*ALL potential student-athletes MUST complete and return before you are allowed to participate in any athletic activity

General Contact Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>College Graduation Year: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Country (if not US)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Sports Participating In: ___________________________  Male: ___  Female: ___  Date of Birth ___/___/_____

<table>
<thead>
<tr>
<th>Mother’s Name</th>
<th>Father’s Name</th>
<th>Parent Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Cell Phone</th>
<th>Student E-Mail Address</th>
<th>College Address</th>
</tr>
</thead>
</table>

Emergency Contact Information

<table>
<thead>
<tr>
<th>Emergency Contact Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone: (_<strong>)</strong>________</th>
<th>Work Phone: (_<strong>)</strong>________</th>
<th>Cell Phone: (_<strong>)</strong>________</th>
</tr>
</thead>
</table>

Insurance Information

If there are any changes in your insurance information or coverage during the year, please update your information on file in the Office of Athletics.

<table>
<thead>
<tr>
<th>Insurance Co.</th>
<th>Phone#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy Subscribers Name</th>
<th>Identification #</th>
<th>Group#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Referral Required for Specialist?  Yes____  No____

<table>
<thead>
<tr>
<th>Primary Care Physician</th>
<th>Phone#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please mail front/back copy of insurance card with form
Medical Information: Part 1

I. Cardiovascular Risk Factors:
Have you ever had chest pain and/or shortness of breath during or after exercise/practice?
YES  NO
Please describe:____________________________________________________

Have you ever felt dizzy, lightheaded, and/or passed out during or after exercise/practice?
YES  NO
Please describe:____________________________________________________

Have you ever been told that you have a heart murmur?
YES  NO
Please describe:____________________________________________________

Has any family member or relative died of heart problems and/or sudden death before age 50?
YES  NO
Please describe:____________________________________________________

Have you or anyone in your family been told you/they have High Blood Pressure?
YES  NO
Please describe:____________________________________________________

II. Allergies:
Have you ever been diagnosed with Season Allergies? What meds do you take?
YES  NO
Please describe:____________________________________________________

Are you allergic to and/or ever had an unfavorable/allergic reaction to any medications/food?
YES  NO
Please describe:____________________________________________________

Are you allergic to and/or ever had an unfavorable/allergic reaction to bee stings, insect bites, etc.?
YES  NO
Please describe:____________________________________________________

III. Asthma:
Have you ever been diagnosed with Asthma and/or Exercised Induced Asthma?
YES  NO
Date(s)_________________ Please describe:________________________________

Are you presently taking/have you previously taken any Asthma medications/Use an Inhaler?
YES  NO
Please describe:____________________________________________________

How often do you use your rescue inhaler/per week?_____________________

How many acute asthma attacks have you had in the past 12 months?_________

Have you been hospitalized as a result of an attack?
YES  NO
Date(s):___________________________________________________________
Medical Information: Part 2

Mark “Yes” if you have had any of the following:

**General Medical**
- Chronic or recurrent illness?
- Tire quickly?
- Had/have trouble with cough or breathing after exercise?
- Heat exhaustion or heat stroke?
- Pinched nerve or “stinger”?
- Hospitalization and/or surgery?
- Missing organs?
- Have you ever been diagnosed with an eating disorder?

Explain any Yes answers:
__________________________________________________________________________________
__________________________________________________________________________________

**Orthopedic History**
- Broken bones or fractures?
- Stress fractures?
- Injuries that require recurrent/ongoing treatment?

Any of the following injuries in the past year:
- Head, neck or spinal injuries?
- Chest, back, or pelvic injuries?
- Arm injuries (shoulder/elbow/wrist)?
- Leg injuries (hip/knee/ankle)?

Explain any Yes answers:
__________________________________________________________________________________
__________________________________________________________________________________

**Head Injuries**
- Have you ever had a concussion? Date(s) of concussion(s)__________________________
- Have you ever had prolonged concussion symptoms (lasting more than 1 week)?
- Have you ever been knocked unconscious? When:_______________________________

**Female History**
Are you currently pregnant?: __________

**Other Medical History**
- Have you ever been diagnosed with ADHD? (Refer to www.ncaa.org/health-safety)
- Have any trouble with your eyes or vision?
- Wear glasses or contact lenses?
- Wear any special equipment?

If you have any other medical history not covered by this form, please explain:
__________________________________________________________________________________
__________________________________________________________________________________

Current medications and reason for taking the medication:
__________________________________________________________________________________
__________________________________________________________________________________

Please list all dietary and performance enhancing supplements you are currently taking:
__________________________________________________________________________________
__________________________________________________________________________________

I hereby state that, to the best of my knowledge, my answers to the above questions are correct and authorize the staff of Syracuse University Health Services to release any pertinent health information to the SUNY-ESF Athletic Staff and Coaches as it pertains to my participation in athletics.

Athlete Signature____________________________________________________ Date________________________
# Physical Examination Clearance Form

## Physical Examination

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sport</th>
<th>Height</th>
<th>Weight</th>
<th>Pulse</th>
<th>BP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Vision R | L | Corrected | Pupils | Pupils |
| 20/ | 20/ |          |        |        |
|      |      |          | Equal | Unequal |
|      |      |          |       |         |

## Medical

<table>
<thead>
<tr>
<th>Eyes/Ears/Nose/Throat</th>
<th>Abnormal Findings</th>
<th>Initials</th>
</tr>
</thead>
</table>

| Lymph Nodes | | |
|-------------| | |

<table>
<thead>
<tr>
<th>Heart</th>
<th>Abnormal Findings</th>
<th>Initials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pulses</th>
<th>Abnormal Findings</th>
<th>Initials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Lungs</th>
<th>Abnormal Findings</th>
<th>Initials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Abdomen</th>
<th>Abnormal Findings</th>
<th>Initials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Genitalia (males only)</th>
<th>Abnormal Findings</th>
<th>Initials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Skin</th>
<th>Abnormal Findings</th>
<th>Initials</th>
</tr>
</thead>
</table>

## Musculoskeletal

<table>
<thead>
<tr>
<th>Neck</th>
<th>Abnormal Findings</th>
<th>Initials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Back</th>
<th>Abnormal Findings</th>
<th>Initials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Shoulder/Arm</th>
<th>Abnormal Findings</th>
<th>Initials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Elbow/Forearm</th>
<th>Abnormal Findings</th>
<th>Initials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Wrist/Hand</th>
<th>Abnormal Findings</th>
<th>Initials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hip/Thigh</th>
<th>Abnormal Findings</th>
<th>Initials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Knee</th>
<th>Abnormal Findings</th>
<th>Initials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Leg/Ankle</th>
<th>Abnormal Findings</th>
<th>Initials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Foot</th>
<th>Abnormal Findings</th>
<th>Initials</th>
</tr>
</thead>
</table>

## Clearance

- [ ] Cleared
- [ ] Cleared after completing evaluation/rehabilitation for: _____________________________

- [ ] Not cleared for: _____________________________ Reason: ____________________________

Recommendaions: _____________________________

- [ ] _____________________________ _____________________________ _____________________________ _____________________________ _____________________________

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student’s medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities.

<table>
<thead>
<tr>
<th>Physician’s Name and Address (stamp or print)</th>
<th>Examiner’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Examiner’s Telephone Number
PHYSICAL EXAM AND IMMUNIZATION FORM

Welcome to Syracuse University. Your health history is an important part of the care we will provide to you while you are a student. Please fill out all sections on pages 1 & 2 and then your Health Care Provider needs to complete the Immunization and Physical Exam form on pages 3 & 4. Please be sure that your name is written on the top of each page (1-4) of this form. Thank you.

NAME AND ADDRESS PLEASE PRINT

Last Name, First Name, MI

Street Address/PO Box/Apt #

City

State

ZIP

Social Security Number

Telephone

Date of Birth

Age

Gender

DATE:

EMERGENCY CONTACTS (PERSONS TO BE CONTACTED IN CASE OF EMERGENCY): Please list two contacts

1. Name

Address

Relationship

Home Phone

Business Phone

2. Name

Address

Relationship

Home Phone

Business Phone

PRIMARY CARE PHYSICIAN

Address

Phone

Fax

HEALTH INSURANCE:

It is strongly recommended that students carry health insurance to cover expenses not covered by the health fee and medical expenses incurred outside of SUHS such as emergency room care and hospitalization. If your health care coverage is provided by a health maintenance organization or managed care program, you should determine what coverage is available while your student is outside the network. Students should always carry their health insurance card with them when seeking care, and be familiar with how to access services under their policy. Keep in mind, SUHS does not bill all insurances directly. Currently we direct bill Aetna, BCBS BlueCard, Fomo and ITH.

The pharmacy is able to bill many insurances, please visit our Pharmacy or contact them at 315-443-5091/email pharmacy@syrs.edu to inquire about your insurance.

If you would like to include a copy of your insurance card, please photocopy FRONT and BACK of your insurance card and attach to this document.
ATTENTION STUDENTS UNDER EIGHTEEN (18)

In order to procure quickly any emergency care that may be necessary for students and at the same time to protect the physicians and institutions involved, it is required that you sign the consent for emergency treatment below.

I hereby authorize the Medical staff of Syracuse University Health Services upon consultation with a practicing physician or surgeon to exercise for me and on my behalf, all rights and duties with reference to consenting to appropriate medical, psychiatric, and surgical treatment, anesthetics, medicines and hospitalization, including care and treatment by any hospital, staff surgeon, physician or radiologist which they may deem necessary for the emergency care of my son/daughter

---

To all Students, Parents, and Health Care Providers: Health information submitted to Health Services via this form will be held confidential as part of the student’s medical record in accordance with federal laws regarding confidentiality of protected health information.

PLEASE COMPLETE THIS SECTION BEFORE GOING TO YOUR HEALTH CARE PROVIDER FOR EXAMINATION (please print).

**PERSONAL MEDICAL HISTORY**

<table>
<thead>
<tr>
<th>HAVE YOU HAD?</th>
<th>Yes</th>
<th>FAMILY</th>
<th>Yes</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MEDICAL HISTORY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td>Crohn's/Ulcerative Colitis</td>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>German Measles</td>
<td></td>
<td>Hernia</td>
<td></td>
<td>Kidney Disease</td>
</tr>
<tr>
<td>Mumps</td>
<td>Seizures</td>
<td>Acne (on medication)</td>
<td>Heart Disease</td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td>Weakness</td>
<td>Paralysis</td>
<td>Urinary Tract Infection</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Shortness of Breath</td>
<td>Kidney Disease</td>
<td>Cancer</td>
<td></td>
</tr>
<tr>
<td>Mononucleosis</td>
<td>Allergies</td>
<td>Diabetes</td>
<td>Epilepsy/Seizures</td>
<td></td>
</tr>
<tr>
<td>Eye Trouble</td>
<td>Asthma</td>
<td>Thyroid Disorder</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Ear Infections</td>
<td>Palpitations (Heart)</td>
<td>High Cholesterol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Throat Infections</td>
<td>High Blood Pressure</td>
<td>Disease/Injury of Joints</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADHD/ADD</td>
<td>Heart Murmur</td>
<td>Back Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incontinence</td>
<td>Rheumatic Fever</td>
<td>Tumor/Cancer (explain below)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety/Depression</td>
<td>Hepatitis</td>
<td>Recent Weight Gain or Loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>Stomach or Intestinal Trouble</td>
<td>FEMALES ONLY:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fainting Spells</td>
<td>Gallbladder</td>
<td>Irregular Periods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migraines</td>
<td>Recurrent Diarrhea</td>
<td>Birth Control (explain below)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE EXPLAIN ANY "YES" ANSWERS ABOVE:

---

**THIS FORM MUST BE COMPLETED AND RETURNED BY JUNE 1ST**
**This Section Is To Be Completed By Health Care Provider**

**Required Immunizations by New York State**

Students with incomplete immunization records will NOT be able to obtain grades and will be ineligible to register for a second semester.

<table>
<thead>
<tr>
<th>MMR</th>
<th>First Dose</th>
<th>Second Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>mo/d yr</td>
<td>mo/d yr</td>
</tr>
</tbody>
</table>

**OR**

2 doses Measles 1st month/day/yr 2nd month/day/yr
1 dose Mumps month/day/yr
1 dose Rubella month/day/yr

**OR**

Serologic evidence (blood work) of immunity to each. **Lab work must be submitted with physical.**

**Meningococcal Meningitis Vaccine Response Below**

**Meningococcal Meningitis**

☐ Student received the meningococcal meningitis vaccine.

**OR**

**Meningococcal Meningitis Waiver Required If Documentation of Vaccination Not Provided**

**Waiver:** I have reviewed the enclosed Fact Sheet regarding meningococcal disease. I am fully aware of the risks associated with this disease and of the availability and effectiveness of the vaccine. I have elected **NOT** to get the vaccine.

**Signature of Student (or parent/guardian if under 18)**

___________________________ Date____________________

**Recommended Immunizations**

**PPD (Mantoux) within 6 months of admission to college**

<table>
<thead>
<tr>
<th>Date Administered</th>
<th>Date Interpreted</th>
<th>Result</th>
</tr>
</thead>
</table>

If currently history of positive PPD, chest X-ray report (in **ENGLISH** and done within 6 months of admission), with date and result must be submitted with physical.

**International Students** must all have tuberculosis screening done at Syracuse University Health Services upon arrival to campus.

**Tetanus (Td)** Within 10 years of admission to college

<table>
<thead>
<tr>
<th>month/day/yr</th>
</tr>
</thead>
</table>

**Hepatitis B**

#1

#2

#3

**OR**

**Hepatitis A**

#1

#2

**Varicella** History of chicken-pox disease please check

**OR**

#1

#2

**OR**

Titer (include lab report):  □ pos □ neg

**College Use Only**

Reviewed by___ Date entered___

Fall 20___ Spring 20___

**Signature/Medical Professional Certifying Above Immunization Record**
This form must be completed and returned by June 1st

Student Last Name
First
MI

This section is to be completed by health care provider

Physical Examination
Date of Exam: (Must be completed not more than one year prior to the start of the semester).

Ht. Wt. BP Pulse Build: □ Slender □ Mod. □ Heavy □ Obese

<table>
<thead>
<tr>
<th>Clinical Examination</th>
<th>Normal</th>
<th>Abnormal</th>
<th>If abnormalities are noted, please describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs, chest and breasts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart (include any murmur/defect)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen (include hernia)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal/Extremities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurologic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does this student have any limitations while attending Syracuse University? □ Yes □ No If YES, what activities are to be limited?

__________________________

Allergy To: (Please circle Yes or No)

Medication No Yes (Please list)
Insect bites/bee stings No Yes
Foods No Yes (Please list)
Other Yes Please explain

Does patient need to carry an Epi Pen? Yes No

Current Medications: Please list any prescription and over the counter medications, including birth control pills:

Name Dose How taken

□ None

________________________________________

Name of examining physician/NP/PA Date

Street City State Zip code

Signature Area code and phone #

Student, Please return completed form to:
Syracuse University Health Services
111 Waverly Avenue
Syracuse, NY 13244
Phone (315) 443-9005 Fax (315) 443-9010

This form must be completed and returned by June 1st
Meningitis Requirements

Attention: Meningitis Requirements

The New York State Assembly and Senate passed and the Governor approved meningitis legislation effective August 15, 2003 that amended the public health law relating to immunization against meningococcal meningitis. It requires secondary schools and colleges to provide information to its constituents on meningococcal meningitis and transmission thereof; the benefits, risks, and effectiveness of immunization; and the availability and cost of immunization. The bill also requires each institution to distribute and maintain response forms indicating that the student, parent or guardian has received and reviewed the information and that the student has either been immunized within the preceding ten years or has opted not to obtain immunization against meningococcal meningitis. The bill prohibits students not fulfilling the requirements to remain enrolled at an institution in excess of thirty days.

Meningococcal Meningitis

Meningococcal meningitis is an air-borne disease, transmitted through droplets of respiratory secretions and from direct contact with persons infected with the disease. Therefore, the disease could spread by a sneeze, cough, kiss, sharing drinks, utensils, cigarettes or any other direct contact. In settings where people from different families and/or geographical areas spend many hours together in close physical contact, germs are spread more easily. Students living in confined areas such as student housing are at an increased risk of contracting the disease.

Meningitis can be hard to detect because of its flu-like symptoms - severe headache, high fever, nausea, vomiting and drowsiness. Some of the distinct symptoms of meningitis are a stiff neck or back, confusion or agitation and rashes. These symptoms, however, do not necessarily occur and the disease can worsen very quickly, sometimes in a matter of hours, if not treated with antibiotics. There are an estimated 3,000 cases of meningococcal disease reported in the United States each year. The disease is fatal in 10 to 15 percent of the cases. Those who survive meningitis typically face a lifetime of severe complications. While overall meningitis cases are low, they have been rising among young adults - the number of meningitis cases has doubled for persons aged 15 to 24 since 1991.

Meningitis Vaccine

Vaccination is an easy and effective way for students to help protect themselves against possible infection. The meningitis vaccines protect against the majority of strains of meningococcal disease. The vaccines are safe with infrequent side effects. After vaccination, antibodies develop within 7 to 14 days. The need for, or timing of, a booster dose of meningitis vaccine has not yet been determined. As with any vaccine, vaccination against meningitis does not provide 100% protection against meningitis.

Revised 1/2012
Model Photo Release Form

Permission to Use Photograph

I grant to SUNY-ESF the right to take photographs or video of me. I authorize SUNY-ESF, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that SUNY-ESF may use such photographs or video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content, provided by both SUNY-ESF and its collaborating partners.

I have read and understand the above:

Print name ______________________________________________________

Home Address _____________________________________________________

___________________________________________________________________

Phone ____________________ Email ___________________________________

Signature______________________________________ Date _________________
Policyholder: SUNY Environmental Science & Forestry
Policy Number: SRG9493206A

BLANKET ACCIDENT INSURANCE

Description of Coverage

This Description of Coverage describes blanket accident insurance coverage provided to eligible persons of the policyholder named above (herein called the Policyholder) while those persons are participating in Covered Activities.

Who Is Eligible
The persons eligible for coverage under the above referenced blanket accident insurance policy (herein called the Policy) issued to the Policyholder are: All Student Athletes, Student Trainers, Student Managers and Student Coaches of the Policyholder.

What Activities Are Covered
Covered Activity/ies are: Coverage is provided for all participants of the Policyholder while participating as a member of a Policyholder Team in a scheduled game, official tournament game or practice session; or while traveling directly to or from such game or practice session.

PLEASE READ THIS DESCRIPTION OF COVERAGE CAREFULLY
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## Schedule of Benefits

### Accidental Death Benefit
- Maximum Amount: $10,000

### Accidental Dismemberment Benefit
- Maximum Amount: $10,000

### Accidental Catastrophe Cash Benefit
- Maximum Amount: $500,000
- Initial Lump Sum Maximum Amount: $100,000
- Monthly Maximum Amount: $3,333.33
- Maximum Number of Months: 120

### Accident Medical Expense Benefit
- Maximum Amount: $1,000,000
- Specific Deductible: $25,000

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in the Policy.

### Aggregate Limit
- $250,000
Definitions

Hospital – means a short-term, acute, general hospital, which: (1) is primarily engaged in providing, by or under the continuous supervision of physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons; (2) has organized departments of medicine and major surgery; (3) has a requirement that every patient must be under the care of a physician or dentist; (4) provides 24-hour nursing service by or under the supervision of a registered professional nurse (RN); (5) if located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97; (6) is duly licensed by the agency responsible for licensing such hospitals; and (7) is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational, or rehabilitory care.

Injury – means bodily injury caused by an accident that: (1) occurs while the Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

Immediate Family Member – means a person who is related to You in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Medically Necessary – means that a Covered Service is: (1) essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Physician – means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) You; 2) an Immediate Family Member; or 3) retained by the Policyholder.

Usual and Customary Charge(s) – means a charge that: (1) is made for a Covered Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; or (3) is a negotiated fee; and (4) does not include charges that would not have been made if no insurance existed.

You, Your – means a person: (1) who is a member of an eligible class of persons as described in the Who is Eligible section of this Description of Coverage; (2) for whom premium has been paid; and (3) while covered under the Policy.
Your Effective and Termination Dates

Effective Date. Your coverage under the Policy begins on the latest of: (1) the Policy Effective Date; (2) the date You become eligible; (3) the date for which the first premium for Your coverage is paid.

A change in Your coverage under the Policy due to a change in Your eligible class or Covered Activity becomes effective on the later of (1) the date the change in Your eligible class or Covered Activity occurs; or (2) if the change requires a change in premium, the date the first changed premium is paid. However, a change in coverage applies only with respect to accidents that occur once the change is effective.

Termination Date. Your coverage under the Policy ends on the earliest of: (1) the date the Policy is terminated (unless the Company and the Policyholder agree, in writing, to permit coverage to continue to the end of the period for which premiums have been paid in lieu of a return of unearned premiums; (2) the end of the period for which premiums have been paid; (3) the date You cease to be eligible; or (4) the date you request, in writing, that your coverage be terminated.

Termination of coverage will not affect a claim for a covered loss that occurred while Your coverage was in force under the Policy.
Description of Benefits

The Maximum Amounts shown in the Schedule of Benefits, subject to the Reduction Schedule, are used to determine amounts payable under each Benefit.

Reduction Schedule. The Maximum Amount used to determine the amount payable for a loss will be reduced if You are age 70 or older on the date of the accident causing the loss with respect to any of the following Benefits provided by the Policy: Accidental Death Benefit, Accidental Dismemberment Benefit and Accidental Catastrophe Cash Benefit. The Maximum Amount is reduced to a percentage of the Maximum Amount that would be used if You were under age 70 on the date of the accident, according to the following schedule:

<table>
<thead>
<tr>
<th>AGE ON DATE OF ACCIDENT</th>
<th>PERCENTAGE OF UNDER-AGE-70 MAXIMUM AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>70-74</td>
<td>65%</td>
</tr>
<tr>
<td>75-79</td>
<td>45%</td>
</tr>
<tr>
<td>80-84</td>
<td>30%</td>
</tr>
<tr>
<td>85 and older</td>
<td>15%</td>
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</tbody>
</table>

Your premium, if you are age 70 or older, is based on 100 % of the coverage that would be in effect if the Insured were under age 70.

“Age” as used above refers to the age of the Insured on the Insured’s most recent birthday, regardless of the actual time of birth.

Accidental Death Benefit. If You suffer an Injury that results in death 365 days of the date of the accident that caused the Injury, the Company will pay You 100% of the Maximum Amount.

Accidental Dismemberment Benefit. If You suffer an Injury that results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

For Loss of: Percentage of Maximum Amount

Both Hands or Both Feet ................................................................. 100%
Sight of Both Eyes ................................................................. 100%
One Hand and One Foot .......................................................... 100%
One Hand and the Sight of One Eye ............................................. 100%
One Foot and the Sight of One Eye ............................................... 100%
Speech and Hearing in Both Ears ............................................. 100%
One Hand or One Foot .............................................................. 50%
The Sight of One Eye ................................................................. 50%
Speech or Hearing in Both Ears ........................................... 50%
Hearing in One Ear ................................................................. 25%
Thumb and Index Finger of Same Hand .................................... 25%

Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

"Permanent Total Loss of Use" means complete and irreversible loss of functional, normal, or characteristic use of the entire arm or leg, which continues for 12 consecutive months, because of: (1) complete and
irreversible paralysis; (2) atrophy; or (3) arthritic condition. However, the 12 consecutive month waiting period will be waived if the Permanent Total Loss of Use is due solely to complete and irreversible paralysis. "Arm" means the entire arm from the shoulder joint including the attached hand. "Leg" means the entire leg from the hip joint including the attached foot.

The final determination as to whether a loss is a Permanent Total Loss of Use will be made by the attending Physician. The Company has a right, at its own expense, to have the determination verified by a Physician of the Company's choice.

If you sustain more than one Loss as a result of the same accident, only one amount, the largest, will be paid.

**Accidental Catastrophe Cash Benefit.** If Your Injury results, within 365 days of the date of the accident that caused the Injury, in Paralysis or Coma, the Company will pay a benefit as described below. In order for a benefit to be payable, the Paralysis or Coma must continue for a Waiting Period of 12 consecutive months, must be determined by a Physician to be permanent and irreversible at the end of the waiting period and must result in Disability. The benefit payable is based on the percentage of the Initial Lump Sum and Monthly Maximum Amounts shown below for the causes of Disability shown below.

<table>
<thead>
<tr>
<th>Cause of Disability</th>
<th>Percentage of Initial Lump Sum and Monthly Maximum Amount(s)</th>
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<tbody>
<tr>
<td>Coma</td>
<td>100%</td>
</tr>
<tr>
<td>Paralysis of Two or More Limbs (upper and/or lower)</td>
<td>100%</td>
</tr>
<tr>
<td>Paralysis of One Limb (upper or lower)</td>
<td>50%</td>
</tr>
<tr>
<td>Paralysis of One or More Other Parts of the Body</td>
<td>See NOTE below.</td>
</tr>
</tbody>
</table>

**NOTE:** If Your Paralysis is part of the body other than a Limb, the percentage of the Maximum Amount used to determine the benefit payable will be adjusted in proportion to the comparable extent of Paralysis of the listed parts of the body. The final determination of comparable extent will be made by the attending Physician.

If You suffer more than one cause of Disability as a result of the same accident, only one Percentage of the Maximum Amount, the largest for any one cause of Disability suffered by You, will be used to determine the benefit payable.

The benefit payable is:

**LUMP SUM THEN MONTHLY:**
the percentage of the Initial Lump Sum Maximum Amount shown above, payable at the end of the Waiting Period; followed by a monthly benefit equal to the percentage of the Monthly Maximum Amount shown above, starting one month after the end of the Waiting Period. The monthly benefit is payable monthly as long as You remain continuously Disabled due to the Paralysis or Coma, but ceases on the earliest of: (1) the date of Your death; (2) the date You are no longer Disabled due to the Paralysis or Coma; or (3) the date monthly Accidental Catastrophe Cash benefits have been paid for the Maximum Number of Months shown for the Accidental Catastrophe Cash Benefit in the Benefit Schedule for all Disabilities caused by the same accident.

If You return to any occupation for which You are qualified by reason of education, experience or training on a full or part-time basis, You may return to Disability status if: (1) You have not been back to work for longer
than 30 days; and (2) the attending Physician certifies a return to Disability status due to the same Paralysis or Coma which caused the original Disability. However, with respect to You, if the occupational definition of Disabled/Disability is not appropriate, if You engage in any of the usual activities of a person of like age and sex in comparable health, You may return to Disability status if: (1) You have not been engaging in such activities for longer than 30 days; and (2) the attending Physician certifies a return to Disability status due to the same Paralysis or Coma which caused the original Disability.

Periods of Disability separated by less than 30 consecutive days will be considered one period of Disability unless due to separate and unrelated causes.

The Company reserves the right, at the end of the Waiting Period (and as often as it may reasonably require thereafter) to determine, on the basis of all the facts and circumstances, that You are Disabled due to the Paralysis or Coma, including, but not limited to, requiring an independent medical examination at the expense of the Company.

“Disabled/Disability” means that You are unable while under the regular care of a Physician, to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of You immediately prior to the accident.

“Coma/Comatose” means a profound state of unconsciousness from which You cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

“Paralysis” means the complete loss of function in a part of the body as a result of neurological damage, as determined by a Physician.

**Exposure and Disappearance.** If by reason of an accident occurring while Your coverage is in force under the Policy, You are unavoidably exposed to the elements and as a result of such exposure suffer a loss for which a benefit is otherwise payable under the Policy, the loss will be covered under the terms of the Policy.

If Your body has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which You were an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that You have suffered accidental death within the meaning of the Policy.

**Accident Medical Expense Benefit.** If You suffer an Injury that, within 90 days of the date of the accident that caused the Injury, requires You to be treated by a Physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the Maximum Amount per Insured for all Injuries caused by the same accident. The benefit is payable only for such charges incurred after the Deductible has been met. The Deductible must be met during the Deductible Incurral Period shown in the Benefit Schedule. Benefits are then payable for charges incurred within 520 weeks after the date of the accident causing the Injury.

**Covered Accident Medical Service(s)** - means any services of a Physician; private duty nursing by a registered nurse (R.N.) or Licensed Practical Nurse (LPN); laboratory tests; radiological procedures; anesthetics and the administration of anesthetics; blood, blood products and artificial blood products, and the transfusion thereof; physical therapy; occupational therapy; rental of Durable Medical Equipment; artificial limbs, artificial eyes or other prosthetic appliances; medicines or drugs administered by a Physician or that can be obtained only with a Physician’s written prescription; use of an Ambulatory Medical Center; Hospital emergency room or Ambulatory Medical Center; Hospital’s most common charge for semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); ambulance service to or from a Hospital; consultation with an appropriate specialist for a second opinion for procedures elating to an injury.

Expanding Medical Benefit. Accident Medical Expense benefits are payable for the Usual and Customary Charges for Covered Accident Medical Services including any expense for or resulting from malfunctions of the
heart, embolism, heat related problems including but not limited to heat exhaustion, heat prostration, and heat stroke, overuse or repetitive motion injuries/symptoms including but not limited to bursitis, tendonitis, shin splints, stress fractures, strains, or twists.

*Ambulatory Medical Center* - means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician’s office.

*Deductible* - means the amount of Usual and Customary Charges for Medically Necessary Covered Accident Medical Services, otherwise payable under this program, that must be incurred by You before Accident Medical Expense benefits become payable. The amount of the Deductible is the Deductible Amount shown in the Benefit Schedule on the Master Application. Accident Medical Expense benefits are not payable for charges applied to the Deductible.

*Durable Medical Equipment* - refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

In addition to the Exclusions in the Exclusions section of the Policy and any amendment thereto, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from any (1) repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition due to a covered Injury; (2) new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost or loss as a result of Injury up to the Maximum shown in the Benefit Schedule; (3) new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight due to a covered Injury; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight due to a covered Injury; (4) new hearing aids or hearing examinations unless Injury has caused impairment of hearing due to a covered Injury; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing due to a covered Injury; (5) Pre-existing; (6) Mental Illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures; (7) plastic or cosmetic surgery, except for reconstructive surgery on an injured part of the body except due to a covered Injury; (8) charges that are payable under motor vehicle medical benefits; (9) any condition for which You are provided benefits under a Workers’ Compensation Act or similar law.

**Excess Benefits with Integrated Deductible.** This benefit applies when You have an Accident Medical Expense coverage (herein called This Plan) under the Policy and health care coverage under one or more other Plans. When there is a basis for a claim under This Plan and another Plan, This Plan is an excess plan which has its benefits determined in excess of the benefits of the other Plan as described below, unless: (1) the other Plan covers You as a dependent whereas under This Plan you are covered as; or (2) both (a) the other Plan has coordination or excess benefits rules that require its benefits to be determined in excess of the benefits of This Plan; and (b) This Plan has covered the Insured longer than the other Plan has. When This Plan is an excess plan, the benefits of This Plan for any Allowable Expenses will be reduced when the sum of: (1.) the benefits that would be payable for those Allowable Expenses under This Plan in the absence of this Rider; and (2.) the benefits that would be payable for those Allowable Expenses under the other Plans in the absence of provisions with a purpose like that of a coordination or excess benefits provision, whether or not claim is made; exceeds the amount of those Allowable Expenses. In that case, This Plan’s benefits will be reduced so that they and the other Plans’ benefits do not total more than the amount of those Allowable Expenses.

NOTE: If this Rider is issued as part of a blanket school accident Plan, benefits under this Plan will always be determined in excess of the benefits of the other Plan.
Right to Receive and Release Needed Information. The Company has the right to decide which facts it needs to administer this benefit. It may get needed facts from or give them to any other organization or person. The Company need not tell, or get the consent of, any person to do this except as required by Article 25 of the New York General Business Law. Each person claiming benefits under This Plan must give the Company any facts it needs to pay the claim.

Facility of Payment and Right of Recovery. If a payment made under another Plan includes an amount that should have been paid under This Plan, the Company may pay that amount to the organization making that payment. That amount will then be treated as though it were a benefit paid under This Plan. The Company will not have to pay that amount again. The term “payment made” includes providing benefits in the form of services, in which case “payment made” means reasonable cash value of the benefits provided in the form of services. If the amount of the payments made by the Company is more than it should have paid under this Rider, it may recover the excess from the persons it has paid or for whom it has paid, insurance companies or other organizations.

Plan - means any of the following group, group-type (such as, but not limited to, franchise or blanket), family coverages which provide benefits or services for, or because of, health care: (1) insurance policies; (2) subscriber contracts; (3) uninsured arrangements; (4) coverage through health maintenance organizations and other prepayment, group practice plans; (5) medical benefits coverage in automobile “no-fault” and traditional automobile “fault” type contracts; and (6) coverage under a governmental plan or coverage required or provided by law; but not including: (a) a state plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended from time to time); or (b) a plan or law when, by law, its benefits are in excess of those of any private insurance plan or other non-governmental plan. Plan does not include New York’s mandatory no-fault coverage.

Allowable Expense - means a necessary, reasonable and customary item of expense for health care when the item of expense is covered at least in part by the Policy and is covered at least in part by one or more other Plans covering the Insured. When a Plan provides benefits in the form of services, the reasonable cash value of each service rendered is both an Allowable Expense and a benefit paid, if the reasonable cash value had been charged as the cost for the service and such expense would have been covered at least in part by the Policy.

Limitations

Limitation on Multiple Benefits. If You suffer one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by the Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit, Catastrophe Cash Benefit.

Limitation on Multiple Covered Activities. If Your Injury is caused by an accident that occurs while You are participating in more than one Covered Activity and if the same Benefit applies to You with respect to more than one such Covered Activity, the Maximum Amount for that Benefit for You for that accident will be determined as though the accident occurred while You were participating in only one such Covered Activity, the one with the largest Maximum Amount for that Benefit for You.

Aggregate Limit. The aggregate limit of indemnity for which the Company shall be liable with respect to Injuries sustained by more than one covered person under the Policy as a result of the same accident will not exceed the amount shown as the Aggregate Limit in the Schedule of Benefits. If the combined maximum amount otherwise payable for all covered persons under the Policy must be reduced to comply with this
provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each covered person for all such losses under all those Benefits combined.

Exclusions

No coverage shall be provided under this Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury: (1) suicide or any attempt at suicide or intentionally self-inflicted Injury; (2) sickness, or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these; (3) Your commission of or attempt to commit a crime; (4) infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes; (5) declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this Policy; (6) service in the armed forces or units auxiliary thereto of any country or international authority. (Unearned premium for any period for which You are not covered due to Your active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded). (7) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, other than if You are a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; (8). while You are under the influence of narcotics unless taken under the advice of and as specified by a Physician; (9) the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment; (10) any condition for which the Insured is entitled to benefits under any Workers’ compensation Act, employers’ liability or occupational disease law; (11) any loss incurred while outside the United States, its Territories, Mexico or Canada.

Subrogation and Right of Recovery

In the event that You suffer an injury or condition which may have been caused, contributed to or aggravated by a Third Party, or if You have any claims, causes of action or rights against any Coverage for an injury or condition, such that benefits have been paid to or on Your behalf by the Company under the Accident Medical Expense Benefit of this Policy, the Company will be subrogated and succeed to Your right of recovery against the Third Party or any such Coverage to the extent benefits have been paid by the Company. This means that the Company has the right independently of You to proceed against the Third Party or any applicable Coverage to recover benefits the Company paid.

Under certain circumstances, the Company is entitled to be reimbursed for the benefits paid from a settlement or judgment You receive: (1) from the Third Party responsible for Your injury or condition for which You claim an entitlement to Policy benefits; or (2) from any Coverage for an injury or condition for which You claim an entitlement to Policy benefits. This and other penalties which apply under certain circumstances are as follows:

(1) The settlement or judgment You receive from: (1) the Third Party; or (2) the applicable Coverage, specifically identifies or allocates monetary sums directly attributable to expenses for which the Company has paid benefits to or on behalf of You; or

(2) You fail to cooperate with the Company in proceeding against: (1) the Third Party; or (2) any applicable Coverage, to recover the benefits the Company has paid. The Company will pay all expenses in association with a legal action instituted on the Company’s initiative.
The penalty for failing to cooperate under item 2 above is that You will be responsible to repay the Company the amount of the benefit paid by the Company to or on Your behalf. The Company agrees to invoke item 2 only when the injury or condition results in the Company’s expenditure on Your behalf of an amount exceeding $500 under the Accident Medical Expense Benefits.

*Third Party(ies)* – means any person, corporation or other entity (except You and the Company). The Policyholder will be considered a Third Party only if the Policyholder’s gross negligence has or may have caused, contributed to or aggravated the Injury or condition for which You claim an entitlement to Policy benefits.

**Claims Procedures**

All claims should be reported to the Company as soon as possible at the following phone number or be writing to the following address:

American International Companies®, Educational Markets Mail Center, PO Box 26050, Overland Park, KS 66225

Provide the policy number and any applicable documentation and details describing the nature of the loss. Upon receipt of this information, the Company will provide You with the necessary claim forms for completion. Claim payments will be made immediately, but not more than sixty (60) days, upon receipt of written proof of loss, except with regard to periodic claim payments. Claim payments will be made to You (Also see “Payment of Medical Claims”), except death claims which will be made, in equal shares, to the survivors in the first surviving class of those that follow: Your (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is Your estate. Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

**Claim Forms.** The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

**Proof of Loss.** Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

**Payment of Medical Claims.** Not more than sixty (60) days upon receipt of due written proof of loss, benefit payments for charges You incur for covered medical services may be made to the provider at the Company’s option. If You paid any such charges, the benefit payment for those charges will be made to You upon written proof of payment.

In the event the charges have been paid by the Policyholder, the Company, at its option, may pay the benefits to the Policyholder upon receipt of documentation that the charges were paid by the Policyholder.
IMPORTANT
If any conflict should arise between the contents of this Description of Coverage and the Master Policy SRG9493206A, or if any point is not covered herein, the terms and conditions of the Master Policy will govern in all cases.