



Volusia County FLORIDA

Parks, Recreation and Culture

202 N. Florida Ave., DeLand, FL 32720
(386) 736-5953

I, _____ understand that the insurance coverage provided by Volusia County Parks, Recreation and Culture has limited coverage as described in the attached and as outlined below:

Accidental Death & Dismemberment	\$ 10,000
Accidental Medical Expense Benefit:	
Maximum Amount:	\$ 10,000 per accident
Deductible:	\$100,000 per accident
Dental Benefit per tooth:	\$250.00

I further understand that any and all additional fees, costs or medical expenses that are not covered by this policy, including any deductible that may apply, will be my responsibility and in no way the responsibility of Volusia County Parks, Recreation and Culture.

Date: _____

Name: _____

Address: _____

Participant/Child: _____