

SPORTS INSURANCE AGREEMENT

Provider: North Georgia Urgent Care

Coverage Scope: Sports-Related Injuries
Only

This Agreement ("Agreement") is entered into by and between **North Georgia Urgent Care** (hereinafter referred to as the "Supplier") and the undersigned participant/guardian (hereinafter referred to as the "Insured"). By signing this document, the Insured acknowledges, understands, and agrees to the following terms, conditions, and payment schedules.

1. Premium Payment Schedule & Cost

Monthly Premium: The total monthly cost for this coverage is \$200.00.

Special July Payment Schedule: For the month of **July 2026** only, the monthly premium will be split into two installments:

- **\$100.00** due on **July 1st**
- **\$100.00** due on **July 15th**

Standard Due Date: For all subsequent months, the full premium is due on the 1st of each month.

2. Grace Period & Cancellation Policy

Grace Period: A **five (5) day** grace period is granted for monthly premium payments. Payments must be received by the 5th of the month (**or** the 5th day following a split due date in July) to maintain active

status.

Non-Payment & Eligibility: If the premium is not paid within the 5th day of the grace period, coverage will be **automatically** cancelled.

CRITICAL POLICY: If your insurance is cancelled due to non-payment, **you will not be** allowed to **play or participate** in any sporting events, practices, or games under this coverage program until the account is brought current and reinstated.

3. Scope of Coverage & Limitations

Sports-Only Coverage: This policy exclusively covers **acute**, sudden injuries resulting directly from participation in sanctioned sports activities.

General Illnesses: This insurance **does not** cover general medical conditions, illnesses, routine check-ups, chronic conditions, or non-sports-related sicknesses. For all other illnesses, the Insured must see their own **Primary Care Provider (PCP)**.

Out-of-Network Referrals: If a sports injury is severe and requires a referral to an outside specialist, imaging center, or hospital, **all associated costs and expenses** will be the sole responsibility of the Insured. Out-of-network referrals are at your own expense.

4. Service Locations & Card Requirements

North Georgia Urgent Care has **two (2) convenient locations** to serve you.

Location 1:

North Georgia Urgent Care - Duluth
1630 Pleasant Hill Road, Suite 340
Duluth, GA 30096

Location 2:

North Georgia Urgent Care - Suwanee
451 Northolt Pkwy
Suwanee, GA 30024

Insurance Card Requirement: You will be issued a dedicated Sports Insurance card. **You must present this physical or digital card at the time of service** upon arrival at either facility. Failure to present the card may result in a delay of services or temporary out-of-pocket billing.

5. Standard Terms & Confirmations

Term: This agreement remains in effect for the duration of the sports season unless terminated

early due to non-payment or explicit written cancellation by the Insured.

Amendments: The Supplier reserves the right to amend these terms with a 30-day written notice to the Insured.

Acknowledgment of Acceptance

By signing below, I certify that I have read, understood, and accepted the financial obligations, coverage limits, and rules outlined in this Sports Insurance Agreement.

Insured / Guardian Printed Name:

Insured / **Guardian** Signature:

Authorized **Supplier** Representative:

Date:

Date: