



info@maoteen.org
www.MAOTeen.org

Affidavit of NO INSURANCE

I, _____, the parent or legal guardian of _____,
(Name) (Name of Contestant)

who is currently holding the title of _____,
(MAOTeen State Title)

confirm that we do not currently carry medical/dental insurance that covers our daughter.

In the event of a medical or dental emergency that requires medical attention during her time in Orlando while competing for the title of Miss America's Outstanding Teen, it is understood that MAOTeen, Inc., has no financial responsibility to pay for such care and we (the parents or legal guardian) are solely responsible for said charges.

(Signature of Parent/Guardian)

(Date)

Notary Information and seal:

(Notary Signature)

(Date)

"Promoting Scholastic Achievement, Creative Accomplishment, Community Involvement and Healthy Living for America's Teens."