

Acknowledgment of Legal Liability Protection

EMPLOYEE: _____ Date of Hire: _____

I am a newly hired employee of the District and have received from the District a disclosure of insurance coverage which is provided to employees through the Utah State Risk Manager. I state that I have read the disclosure prepared and provided through the Risk Manager through the School District office. I further state that I understand legal liability protection provided to me and what is not covered, as explained in the disclosure.

Unless indicated below, I have no questions or uncertainty about liability protection coverage.

Dated this ____ day of _____, 20____.

Employee:

Witness:

[Utah Code § 53G-11-202.](#)