

**ACTIVITY PARTICIPATION CERTIFICATE**

**SECTION I: Application for on and off-campus participation in curricular and extra-curricular activities.**

ACTIVITY: \_\_\_\_\_

Student's Name:			
LAST		FIRST	MI
Permanent Address:		Campus Address:	
City, State, ZIP:		Student Number	Date of Birth
In Case of Emergency Notify:			
Name	Relationship	Home Phone	Work Phone
Name	Relationship	Home Phone	Work Phone
Language spoken by your emergency contact (if other than English):			
List any medical conditions:			
List any allergies:			
Date of last tetanus shot:			
Insurance Coverage:			
Company Name		Policy #	

**SECTION II: Authorization of Treatment and Release**

I realize that my voluntary participation in activities either on or off campus could constitute a potential risk. I acknowledge that even with the best supervision, and strict observance of rules, accidents are still possible.

I will not hold Webster University responsible in case of accident or injury whether en route to or from an activity or during participation of such an activity. I agree to hold Webster University, its employees, agents, representatives, instructors, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature which may arise by or in connection with participation in any university activity.

In the event of an emergency, I authorize Webster University to make arrangements as reasonably necessary for my welfare. I authorize the Hospital/Physician/Dentist to perform medically necessary procedures.

**I UNDERSTAND THAT THE COST OF MEDICAL ATTENTION AND AMBULANCE ARE NOT THE RESPONSIBILITY OF WEBSTER UNIVERSITY, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, INSTRUCTORS, AND/OR VOLUNTEERS.**

**X** \_\_\_\_\_  
Signature of Participant Date

**PLEASE PROVIDE A COPY OF BOTH SIDES OF YOUR INSURANCE CARD (IN ENGLISH)**