



ACTIVITY PARTICIPATION CERTIFICATE

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

ACTIVITY NAME: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name:		Student ID Number:
Permanent Address, City, State, ZIP:		Campus Address, City, State, ZIP:
In Case of Emergency Notify		
Name:	Relationship:	Work Phone: Home Phone:
Name:	Relationship:	Work Phone: Home Phone:
List any medical conditions:		
List any allergies:		
Insurance Company Name:		
Policy # / Member ID #:		
Group #:		
Contact Number:		

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 or Parent/Legal Guardian if Participant is a Minor

Date

**Please return a copy of this form to**  
**Saa Meier**  
 Loretto Hall 260      Email: [kitprasu@webster.edu](mailto:kitprasu@webster.edu)