



# Saint Joan of the Stockyards

## Insurance Form



I hereby request permission to participate in class activities and productions in the Department of Theatre. My participation may require exposure to physical activities involving risks that might result in injury. If I have any questions about the course or production content, I will contact the course instructor and discuss the risks and hazards with him or her. I certify that I am physically and mentally able to safely participate in this activity.

\_\_\_ I, the undersigned, hereby declare that I have insurance protection covering injuries that may occur to me during Spring quarter, 2002.

\_\_\_ I, the undersigned, do not have insurance protection covering injuries that may occur to me during Spring quarter, 2002.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed: Hagovsky, Justin