

**SOUTH CAROLINA STATE UNIVERSITY
OFF-CAMPUS STUDENT ACTIVITY REPORT
FOR
INSURANCE COVERAGE**

Please complete and forward along with the Waiver of Liability, Assumption of Risk and Indemnity Agreement (WA Form) to **Racquel Carter** @ rcarter@scsu.edu, at least **24 hours** before any and all off- campus activities. ***This includes: all sporting events, parades, alumni events, student teaching, clinical hours, field trips, step shows, community service hours, volunteer hours, foreign travel, etc.***

This information is needed to ensure that the University has the appropriate insurance coverage information available and on hand in the event an unforeseen concern arises.

*This form may be attached to a spreadsheet/roster that you may already have available with participants/members information. If you have any questions and/or concerns, please feel free to contact me at 803-536-7029. Thank you in advance.

Department: _____

Advisor/Coach/Instructor: _____

Emergency Contact Number: _____

Departure Date & Time: _____ Return Date & Time: _____

Event: _____

Location: _____

Purpose: _____

Additional Chaperone/Faculty/Staff:

Title/Duties:

Student's Name	Student ID
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