

# PERMISSION/WAIVER OF LIABILITY/MEDICAL RELEASE FORM

This form is required for any visiting student staying overnight on campus and must be completed in its entirety. Once this form is completed, please email to [discovergcu@gcu.edu](mailto:discovergcu@gcu.edu). Forms must be received at least three days prior to your visit. Students will NOT be allowed to stay overnight without having completed this form.

**DATE OF DISCOVER GCU EVENT:** \_\_\_\_\_

**VISIT ARRANGED BY** (please select one):

Admissions Representative    Representative's Name \_\_\_\_\_

Online Registration

Athletic Department    Coach's Name: \_\_\_\_\_

## STUDENT INFORMATION:

Name of Student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Student Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

High School or Recent College: \_\_\_\_\_

HS Graduation Year: \_\_\_\_\_ Degree Program of Interest: \_\_\_\_\_

## METHOD OF TRANSPORTATION TO CAMPUS:

Individual Flight (Transportation to and from the airport will not be provided by GCU)

Group Fly-In    **OR**    Group Bus (Transportation provided by Grand Canyon University Admissions)

Parent Drop-Off (Parent must accompany student to and from campus if the student is under 18 years old)

Self-Driver (Must be 18 years or older and pick up a parking pass from security kiosk)

## ALLERGIES/MEDICATIONS:

Medical Insurance Name and Policy #: \_\_\_\_\_

Student's Allergies: \_\_\_\_\_

Student's Current Medications: \_\_\_\_\_

(Include Special Instructions: EpiPen, dosage, diabetic procedures, etc) \_\_\_\_\_

\_\_\_\_\_

# PERMISSION/WAIVER OF LIABILITY/MEDICAL RELEASE FORM

## EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent Pit Stop:    Yes    No    If yes how many guests attending: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION *(if minor student)*:

Name of Parent or Guardian: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Attending Parent Pit Stop:    Yes    No    If yes, number of guests attending: \_\_\_\_\_

## PERMISSION/WAIVER OF LIABILITY/MEDICAL RELEASE/PHOTO RELEASE:

I hereby release, indemnify and hold harmless Grand Canyon University, its trustees, officers, agents and employees from any and all liability, damage, or claim arising out of or in any way related to my participation (and/or my child's participation if a minor) in this visit to Grand Canyon University, except where such claims are due to the sole gross negligence of the college, its agents, or employees. I grant Grand Canyon University permission to use my photographs (and/or those of my child if a minor) in print, web, electronic, and video formats or in other official Grand Canyon University print publications. If signing on behalf of a minor child, and I cannot be reached in case of emergency, I the undersigned parent or guardian of the above-named child, do hereby authorize a representative of Grand Canyon University to consent to any medical treatment or care deemed advisable.

I have read and fully understand all the provisions of the Permission/Release form. I have also read and agree to comply with the Visitation Policy and the guidelines outlined in the Grand Canyon University Student Code of Conduct.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if minor student): \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN FORM 3 DAYS PRIOR TO VISIT:** scan and email to [DiscoverGCU@gcu.edu](mailto:DiscoverGCU@gcu.edu) or fax to 602-761-3328. If issues arise, please contact the Discover Event Coordinator, Tara Scibona, at 602-639-7158 or [tara.scibona@gcu.edu](mailto:tara.scibona@gcu.edu)