

PERMISSION/WAIVER OF LIABILITY/MEDICAL RELEASE FORM

This form is required for any visiting student staying overnight on Grand Canyon University's campus, and must be completed in its entirety. Forms must be received in order to register for an event. Students will NOT be allowed to stay overnight without having completed this form on file.

STUDENT INFORMATION:

Name of Student: _____

Cell Phone: _____

Student Address: _____

Gender: _____ Date of Birth: _____

High School: _____

HS Graduation Year: _____

ALLERGIES/MEDICATIONS:

Medical Insurance Name and Policy #: _____

Student's Allergies: _____

Student's Current Medications: _____

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

EMERGENCY CONTACT #1:

Name: _____ Relationship: _____

Phone: _____

Contact Information (day of event) Email: _____

Contact Information (day of event) Phone: _____

EMERGENCY CONTACT #2:

Name: _____ Relationship: _____

Phone: _____

Contact Information (day of event) Email: _____

Contact Information (day of event) Phone: _____

PERMISSION/WAIVER OF LIABILITY/MEDICAL RELEASE FORM

GCU RELEASE OF LIABILITY

Filling out the registration form signifies your (1) acknowledgment that you may be undertaking physically dangerous activities in conjunction with the program/event, and (2) acceptance that you will not hold Grand Canyon University (or any other entity or person involved in production of the program/event) responsible for any mishaps, injuries or other damages related to this program or travel to and from the event.

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.

Student Name			
Student Signature	signature in blue or black ink is required	Date	
<p>By checking this box, and signing this form, you consent to being contacted by Grand Canyon University at the telephone number provided above, including via text message and auto-dialed or prerecorded means, regarding GCU's programs and services without regard to whether your number is registered on any Do Not Call List. Your consent is not required for admission or attendance at Grand Canyon University.</p>			

Student permission forms must be signed by both the student AND parent if student is under 18.

Parent/Guardian Name			
Parent/Guardian Email Address			
Parent/Guardian Phone Number			
Parent/Guardian Signature	signature in blue or black ink is required	Date	

Completed forms can be mailed, emailed or faxed to:

Amanda Hughens
 3300 W. Camelback Rd.
 Building 23
 Phoenix, AZ 85017
 Amanda.Hughens@gcu.edu
 602-639-8293
 Fax: 602-761-3375