

North Central University

Campus Visit Waiver

Student Name (please print): _____

We are so excited you are going to visit North Central! You are going to have a great time. However, we ask that you, along with a parent or guardian, complete this form and **bring it with you when you visit campus**. Without this signed form, you will not be able to stay overnight in the residence halls.

Parent/Guardian Section:

I give permission for my child to participate in a North Central **Campus Visit** on _____(date). In consideration of the opportunity being extended to him/her, I, acting as parent/guardian for my son/daughter and for his/her heirs, executors, administrators, and assigns, hereby release North Central University and its Board of Trustees, officers, employees, agents, students, programs, and entities from any and all liability for losses, damages, injuries, or costs of any kind that may arise out of or that may in any way be related to participation in this event, including but not limited to those based on negligence. I understand that this Request and Release means that, among other things, I am giving up the right to sue North Central for any losses, damages, injuries, up to and including death, or costs that may be incurred.

In the event of an injury or illness of my dependent that requires immediate examination or treatment in the opinion of a University representative, and if the authorized person noted below cannot be contacted, I authorize and direct the University on my behalf to seek transportation by car or ambulance to the nearest hospital or emergency care for treatment. I understand that the University assumes no financial responsibility for medical care or ambulance transportation.

Please print the following information.

Parent/guardian name: _____

Daytime phone number: _____

Evening phone number: _____

Parent/guardian *signature*: _____ Date: _____

Insurance company: _____

I wish not to disclose my insurance information, but assume full responsibility for medical expenses.

Policy/group number: _____

Yes No **My dependent has special circumstances of which North Central should be aware (e.g. allergies) – If yes, provide details on the back of this form.**

Yes No **My dependent has my permission to attend North Central-sponsored, off-campus events (checking yes signifies Guardian is aware of and authorizes transportation of dependent by North Central staff and/or students).**

Student Section:

In consideration of the opportunity being extended to me, I hereby agree to follow North Central University rules and regulations while I am a guest of the campus. I further understand that guests of the University who fail to abide by the standards set by the North Central community or who violate state law will be asked to leave campus at their own expense.

Student signature: _____ Date: _____