

STUDENT PERMISSION FORM

All student participants must complete this form
(Completed permission forms must be submitted with your Teacher/Chaperone/Parent Registration Form)

CAMPUS VISIT

Please **PRINT** clearly and complete all areas (black or blue ink only) or fill-out electronically.

Student Name					
Email Address					
Mailing Address					
City		State		Zip Code	
Phone Number					
Name of Your School					

Name of Teacher/Chaperone/Parent supervising student(s)

(Students under 18 years of age who are not attending with a school must bring a parent or chaperone to visit campus. Parents and chaperones are required to fill out the Teacher/Chaperone/Parent Registration Form and return it with their Student's Permission Form).

Class Standing <i>(please check one)</i>	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
High School Graduation Date:	/	/	/	

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; and (3) your agreement to waive, release, discharge and indemnify in advance GCU and its affiliates, officers, and employees for, from and against any and all liability arising from injury or damage that I suffer or cause during my campus visit, whether such injury or damage is foreseen or unforeseen or whether resulting from negligence or otherwise.

I, the undersigned, give Grand Canyon University permission to copyright and publish all or any part of photographs and/or video and/or voice recordings and/or written/spoken statements taken of me on the date and at the location listed below for use in any public relations and/or marketing campaigns or collateral for Grand Canyon University. I understand that I will receive no compensation for the use of my likeness.

In addition, if I have supplied my testimonial, it has been done by my own free will, involving no type of incentive or coercion. I understand that my testimonial may be used in connection with promoting Grand Canyon University. I authorize Grand Canyon University to use my name, brief biographical information, and the testimonial as defined on this form. Additionally, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness or my testimonial appears.

Human Anatomy Laboratory Guidelines. The cadavers are chemically preserved and pose a possible health risk; by attending this workshop you accept that risk. Pregnant women are prohibited from attending workshops. No food or drink is allowed in the lab at any time. Photographs and video cameras are prohibited. Avoid wearing contact lenses; wear glasses if you have them. Embalming solution gases may irritate the eyes. It is highly recommended that visitors eat prior to coming to the workshop. Act respectfully while in the Anatomy Lab. We acknowledge and appreciate the people who have donated their bodies to further medical science education.

I want to receive additional information or have an admissions counselor contact me.
By checking the box and submitting this form, you give Grand Canyon University your consent to use automated technology to call, text and email you at the information above, including your wireless number if provided, regarding educational services. Please note that you are not required to provide this consent to receive services from us.

Student Name			
Student Signature	signature in blue or black ink is required	Date	

All students under 18 must have a parent or guardian sign this agreement

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

TEACHER/CHAPERONE/PARENT REGISTRATION FORM

This information must be filled out by each adult attending. Compile all forms for group and submit together.

CAMPUS VISIT

Please **PRINT** clearly and complete all areas (black or blue ink only) or fill-out electronically.

I am a <i>(please check one)</i>	<input type="checkbox"/> Teacher	<input type="checkbox"/> Chaperone	<input type="checkbox"/> Parent
Name			
Email Address			
Secondary Email Address	to ensure prompt communication, regardless of company filters, please provide a second email address		
Phone Number <i>(primary/daytime number)</i>		Phone Number <i>(secondary number)</i>	
Name of Your School			
Total number of people coming to campus <i>(please include chaperones, parents, teachers and students in total number)</i> <i>*If your attendance changes, please inform your GCU contact for accurate counts*</i>			
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