

CAMPUS VISIT TEACHER/CHAPERONE/PARENT REGISTRATION FORM

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

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	<i>To ensure prompt communication, regardless of company filters, please provide a second email address.</i>		
Phone Number <i>(Primary/daytime number)</i>		Phone Number <i>(Secondary number)</i>	
Name of Your School			
Total number of people coming to campus (Please include chaperones, parents, teachers and students in total number) <i>*If your attendance changes, please inform your GCU contact for accurate counts*</i>			

- I want to receive additional information about GCU K12 student and parent opportunities.
 I want to receive additional information about GCU educator professional development opportunities.
 I want to receive additional information about GCU programs and have an admissions counselor contact me.

By checking a box above 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.

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 you suffer or cause during your campus visit, whether such injury or damage is foreseen or unforeseen or whether resulting from negligence or otherwise.

MANDATES, LOCAL HEALTH GUIDELINES AND/OR HEALTH EPIDEMICS OR PANDEMICS:

Grand Canyon University is following the public health guidance of Arizona and Maricopa County. Please reschedule your trip if you have tested positive or have a known exposure to someone with COVID-19 or other infectious condition within the last five days. If performance of the obligations for this event is rendered impossible or impracticable due to government mandates, local health department guidelines or any other cancellation in effect for health epidemics or pandemics, Grand Canyon University in its discretion, may cancel a portion of or the entire event.

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. We acknowledge and appreciate the people who have donated their bodies to further medical science education. 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.

Teacher/Chaperone/Parent Signature	<i>Signature in blue or black ink is required.</i>	Date	
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CAMPUS VISIT STUDENT PERMISSION FORM

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

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) (If applicable)					
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 (Please check one)	<input type="checkbox"/> K-8, Grade _____	<input type="checkbox"/> Freshman	High School Graduation Date (If applicable)	/	/
	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior			
	<input type="checkbox"/> Senior				

Do you have a sibling that currently attends GCU? No Yes Name _____

Do you have an older sibling that would like information about GCU's academic programs? If yes, fill out the form below

Name		Cell Phone	
Name of Sibling School		Email Address	
Intended Major		High School Graduation Year	
High School or Community College Name		Current GPA	

FOR GRADES 9-12 ONLY

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Student Name			
Student Signature All students under 18 must have a parent or guardian sign this agreement.	Signature in blue or black ink is required.	Date	
Parent/Guardian Name			
Parent/Guardian Email Address			
Parent/Guardian Phone Number			
Parent/Guardian Signature	Signature in blue or black ink is required.	Date	