WEBER STATE UNIVERSITY
Ogden & Davis Campus Visits
March 01, 2017

Student Name: _________________________________

Cell Phone: ______________________ School: ________________________ Grade: _____

PERMISSION TO PARTICIPATE IN GEAR UP ACTIVITY
I am the legal guardian of the above named student and give my consent for my student to participate in all activities with the Weber State Major Fest and Davis Campus Visit on March 1, 2017. I understand that this will require travel in a chartered bus under the supervision of the WSU staff. I understand that every possible precaution will be exercised to ensure the safety and welfare of my student. I release the school, district, WSU and GEAR UP program, and employees from any responsibility, financially or otherwise, should an accident occur.

Parent/Guardian Name: ____________________________________________________________

Signature: __________________________ Date: __________________________

Emergency Contact Information:

Name: __________________________ Relationship to Student: __________________________

Home Phone: __________________________

Cell Phone: __________________________ Work Phone Number: __________________________

Alternate Emergency Contact Information:

Name: __________________________ Phone: __________________________

Dietary Restrictions or Allergies: __________________________________________________

MEDICAL RELEASE
I, __________________________, Parent or Legal Guardian of __________________________, a minor child, hereby give permission for any and all medical attention to be administered to my child in the event of an accident, injury, sickness, etc. under the direction of Weber State University staff. I also assume the responsibility for the payment of any such treatment. This release is only effective for the duration of this field trip.

Parent/Guardian Signature: __________________________ Date: __________________________

Insurance Company: __________________________

Group ID and/or Policy Number: __________________________
MEDIA RELEASE
I GIVE THE PROGRAM(S) PERMISSION TO PHOTOGRAPH OR VIDEOTAPE MY CHILD FOR PROMOTIONAL OR EDUCATIONAL PURPOSES DURING THIS TRIP.

Parent/Guardian Signature: ____________________________ Date: ____________________

CODE OF CONDUCT
A good reputation allows members to take pride in their organization. Your conduct on any WSU/School sponsored field trip should make a positive contribution to the reputation that has been established.

*Your behavior should reflect positively on you, your school, your parents, and the program you represent.

*Students must follow the instructions of their designated leader and inform such leader of their whereabouts at all time.

*You are expected to attend all activities planned during the field trip.

*You are expected to report any accidents, injuries, or illness to your designated leader immediately.

*If you are found responsible for any vandalism or stealing, you and your parents will be liable for all damage.

*You may not purchase, bring, consume, or be under the influence of alcohol, tobacco, or other drugs at any time. Violators will be subject to strict disciplinary action and will be sent home immediately at the expense of the parents/guardians.

*We strongly encourage students not to bring personal electronic devices, however, if they choose to do so, it will be at your own risk. WSU or the School District will not accept responsibility for lost or stolen items.

*Use of electronic devices will not be allowed during the college visits, as a sign of respect to our host and presenters.

*Your High School Dress Code will be enforced during this trip. Remember that your appearance reflects not only on you, but on the WSU/District programs as well.

I understand that my participation on this field trip is a privilege. As a GEAR UP student, I have read the above Code of Conduct and agree to abide by it and act in a respectful manner. I also understand that my violation of this code could result in my being home at my parents’ expense and/or other appropriate disciplinary action.

Student Signature: ____________________________ Date: ____________________

Parent/Guardian Signature: ____________________________ Date: ____________________

Weber State University, in compliance with the Americans with Disabilities Act, ensures equal access to all university functions, activities, and programs for individuals with disabilities. Please contact stategearup@weber.edu or 801-395-3547 at least two weeks prior to this event to request accommodations in relation to a disability.