Utah State University
College Visit
January 13, 2016
***DUE DECEMBER 18, 2015***

Student Name: ________________________________
Cell Phone: ____________________________________

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 State GEAR UP College Visit at Utah State University. 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: _________________________________

IF YOU DON’T HAVE MEDICAL INSURANCE PUT “NONE”.

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
Stephanie Quinn at stephaniequinn@weber.edu or 801-395-3598 at least one week prior to this event to request accommodations in relation to a disability.