

# DISCOVER GCU MEMORANDUM OF UNDERSTANDING

Dear parent(s)/guardian(s),

Thank you for considering Grand Canyon University! When your student visits our expanding campus it allows them to get a first-hand look at what it is like to be a GCU student, and helps determine if our university is the right fit.

*Discover GCU* is an all-expenses-paid overnight event, which features the chance to meet faculty and/or college deans, attend a Student Life or Athletic event, and get to know current GCU students.

**Prior to visiting, the GCU Office of Admissions requires your acknowledgement of the following:**

- 1. I am/We are seriously considering Grand Canyon University, located in *Phoenix, AZ*, as a college option for my student.**
- 2. I/We have reviewed an estimated budget sheet with my/our student's admissions representative and are comfortable continuing with the admissions process.**
- 3. I/We understand that certain GCU scholarship awards are deadline-specific, so I/we will attend a follow-up appointment with my/our student's Admissions Representative to discuss next steps.**

a. Appointment Date: \_\_\_\_\_

b. Appointment Time: \_\_\_\_\_

c. Location: \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian Name), acknowledge the above and give permission for my student to attend *Discover GCU*, to experience first-hand a premier, private Christian university.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you again for considering Grand Canyon University!

Sincerely,  
The GCU Office of Admissions

# PERMISSION/WAIVER OF LIABILITY/MEDICAL RELEASE FORM

This form is required for any visiting student staying overnight on campus and must be completed in its entirety. Once this form is completed, please email to [discovergcu@gcu.edu](mailto:discovergcu@gcu.edu). Forms must be received at least three days prior to your visit. Students will NOT be allowed to stay overnight without having completed this form.

**DATE OF DISCOVER GCU EVENT:** \_\_\_\_\_

**VISIT ARRANGED BY** (please select one):

Admissions Representative      Representative's Name \_\_\_\_\_

Online Registration

Athletic Department      Coach's Name: \_\_\_\_\_

## STUDENT INFORMATION:

Name of Student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Student Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

High School or Recent College: \_\_\_\_\_

HS Graduation Year: \_\_\_\_\_ Degree Program of Interest: \_\_\_\_\_

## METHOD OF TRANSPORTATION TO CAMPUS:

Individual Flight (Grand Canyon University provides a shuttle service to and from the airport at specific times)

Group Fly-In      OR       Group Bus (Transportation provided by Grand Canyon University Admissions)

Parent Drop-Off

Self-Driver (Pick up a parking pass from security kiosk)

## ALLERGIES/MEDICATIONS:

Medical Insurance Name and Policy #: \_\_\_\_\_

Student's Allergies: \_\_\_\_\_

Student's Current Medications: \_\_\_\_\_

(Include Special Instructions: EpiPen, dosage, diabetic procedures, etc) \_\_\_\_\_

\_\_\_\_\_

# PERMISSION/WAIVER OF LIABILITY/MEDICAL RELEASE FORM

## EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION *(if minor student):*

Name of Parent or Guardian: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Attending Parent Pit Stop:  Yes  No If yes, number of guests attending: \_\_\_\_\_

## PERMISSION/WAIVER OF LIABILITY/MEDICAL RELEASE/PHOTO RELEASE:

I hereby release, indemnify and hold harmless Grand Canyon University, its trustees, officers, agents and employees from any and all liability, damage, or claim arising out of or in any way related to my participation (and/or my child's participation if a minor) in this visit to Grand Canyon University, except where such claims are due to the sole gross negligence of the college, its agents, or employees. I grant Grand Canyon University permission to use my photographs (and/or those of my child if a minor) in print, web, electronic, and video formats or in other official Grand Canyon University print publications. If signing on behalf of a minor child, and I cannot be reached in case of emergency, I the undersigned parent or guardian of the above-named child, do hereby authorize a representative of Grand Canyon University to consent to any medical treatment or care deemed advisable.

I have read and fully understand all the provisions of the Permission/Release form. I have also read and agree to comply with the Visitation Policy and the guidelines outlined in the Grand Canyon University Student Code of Conduct.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if minor student): \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN FORM 7 DAYS PRIOR TO VISIT:** scan and email to [DiscoverGCU@gcu.edu](mailto:DiscoverGCU@gcu.edu) or fax to 602-761-3328. If issues arise, please contact the Discover Event Coordinator at 602-639-7744.