

## ALASKA PACIFIC UNIVERSITY PREVIEW WEEKEND APPLICATION INSTRUCTIONS

Please review the following packet of information, to decide whether an APU Preview Weekend student visit is right for you. If you have any questions regarding the visit, please do not hesitate to contact us by phone at 1-800-252-7528, or via email at [admissions@alaskapacific.edu](mailto:admissions@alaskapacific.edu).

Once you decide to attend **and have confirmed your spot with the Admissions Office**, please make your travel arrangements. Then, fill out the enclosed forms and return them to us at your earliest convenience. Please remember to submit all of the forms included in this packet:

1. Application Form
2. Health Form
3. Conduct Agreement
4. Participant Agreement: Release of Liability
5. Photo Release Form (Optional)

Please return all materials by mail, e-mail, or fax to the address/number below. Upon receipt of these forms, an Admissions Counselor will contact you via phone or email to confirm your travel plans.

Again, if you have any questions regarding the above, any other aspect of the trip, or attending APU in general, please don't hesitate to contact us by phone or email.

We're looking forward to meeting you!

Please mail completed packet to:

**Office of Admissions Alaska Pacific University 4101 University Drive Anchorage, AK 99508**

Or e-mail to:

[admissions@alaskapacific.edu](mailto:admissions@alaskapacific.edu)

Or fax to:

**907-564-8317 ATTN: Brittany Hales and Zack Zartler**

## FREQUENTLY ASKED QUESTIONS

### ***How long will the trip last?***

While we love having students visit our little campus, we can only provide accommodations for students from Wednesday until Sunday. Please plan on arriving Wednesday from 8AM-11PM (contact the Admissions Office to arrange other accommodations before booking flights), and please plan on departing on Saturday night or Sunday. If you would like to stay in Anchorage longer, we can provide you with information on local hotels, but we cannot provide you with housing.

### ***How will I get around Anchorage once I'm there?***

An APU representative will pick you up from the airport when you arrive on Wednesday or Thursday morning, and drop you off when you depart on Sunday. (Often, flights into and out of Anchorage arrive very early in the morning or late in the evening. Regardless of your time of departure or arrival, someone will be there to pick you up!) We will also provide transportation for all scheduled activities throughout your stay. While students are free to explore campus and the surrounding area on their own, we will not be available to drive you around outside of these scheduled activities.

### ***Where will I be staying and what will I eat?***

APU will provide you with housing in the dorms, as well as 3 meals each day. Some meals will be provided by the on-campus dining facilities, while others will be at restaurants in Anchorage, or throughout south-central Alaska.

### ***How much money should I bring for the trip?***

All meals off-campus, along with all costs of scheduled activities, will be paid for by APU. It is certainly possible for students to have a comfortable, successful visit to our school without spending any money out of pocket. At the same time, most of our student visitors like to bring some amount of personal spending money to purchase souvenirs, snacks and the like.

### ***With whom will I be staying?***

During your weekend at Alaska Pacific you will be assigned a "student ambassador" to share a room with. They will show you around campus and Anchorage at large, and can fill you in on their experiences at Alaska Pacific.

**STUDENT VISITOR APPLICATION FORM ALASKA PACIFIC UNIVERSITY (please print all information)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ DOB (xx/xx/xxxx): \_\_\_\_\_

Gender: \_\_\_\_\_

Current Email Address: \_\_\_\_\_

PERSONAL INTERESTS I am interested in attending the following campus visit weekend(s):

☐ Fall into Winter – November 7-November 11, 2012

**Travel Information**

**Arrival:** Date \_\_\_\_\_ Time \_\_\_\_\_ Flight # \_\_\_\_\_ Airline \_\_\_\_\_

**Departure:** Date \_\_\_\_\_ Time \_\_\_\_\_ Flight # \_\_\_\_\_ Airline \_\_\_\_\_

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SCHOOL INFORMATION

High School or College Currently Attending: \_\_\_\_\_

If not currently enrolled in school, please list your most recent school and when you attended

What major or academic pursuits are you interested in: \_\_\_\_\_

# Health Form

Please Print & Complete All Sections

Full Name: \_\_\_\_\_

Medical Insurance Information: (Major Medical Coverage is REQUIRED)

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Please indicate below if you have one or more of the following conditions:

High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Cholesterol Level	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart Murmurs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lung Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shortness of Breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Smoke Tobacco	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Back Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recent surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Joint Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you returning to exercise after an extended period of time: ☐ Yes ☐ No

For all "Yes" answers above, please describe/ explain the condition(s) below:

Please list any other health-related conditions you may have:

List all prescription and/or over-the-counter drugs you are presently taking and the purpose for which you are taking them, as well as any significant side effects: (please bring a 2nd set with you)

List any medications you are allergic to:

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

2nd Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

This information will be shared with the instructors on your trip. A copy of this information will be taken into the field. In the event of an emergency, this information may be given to a 3rd party providing you with medical care. Please consult with a doctor if you are unsure whether your current level of health is adequate for this trip.

Alaska Pacific University  
PARTICIPANT AGREEMENT: RELEASE OF LIABILITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS  
PLEASE READ THIS TWO-PAGE DOCUMENT CAREFULLY AND SIGN WHERE INDICATED BELOW.

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

Program: \_\_\_\_\_ Program Dates: \_\_\_\_

In consideration of the services of Alaska Pacific University, its agents, employees, trustees, and officers (hereinafter "APU"), and being permitted to participate in the above program for educational/recreational purposes I acknowledge and agree as follows:

1. Activities The activities of the program for which I am to participate in have risks, including risks that cannot be eliminated without destroying the unique character of the activities. The following are some, but not all of the activities you may experience if participating in an outdoor recreational activity: sea kayaking; rock climbing; swimming; mountaineering; hiking; tree climbing; snorkeling; free diving; compressed air diving; skiing; snowshoeing; pack rafting; hot spring soaks; ice climbing; fishing; river kayaking; rafting; travel by automobile, boat, plane, and/or animal; wildlife viewing; travel on off-trail uneven terrain; loading and unloading gear; river crossings; and exploration of urban and/or remote areas of foreign countries.

2. Description of Potential Risks APU does not want to reduce your enthusiasm for these activities, but it is important to know in advance what to expect and to be informed of the potential risks, both inherent and otherwise, associated with these activities. The enjoyment and excitement of the program is derived in part from the risks of these activities. The same elements that contribute to the unique character of the activities can cause loss, injury, illness, disability, or death. Some, but not all of the possible risks, include: drowning; prolonged exposure to cold water; being struck by or falling against a rock or sharp object; slippery surfaces; intense cold, heat, sun, snow, rain, fog, and wind; student/instructor misjudgment; crevasses; contact with poisonous insects and wild animals; negative reaction from air or waterborne bacteria or virus; delayed communication or inability to communicate due to remote or foreign settings; hypothermia; accidents due to alcohol and drug use; prolonged delay in medical assistance or ineffective medical treatment due to remote or foreign settings; transportation/equipment failure; vehicle/transportation collision and accidents; risks associated with foreign countries and travel; forces of nature such as rock falls, avalanches, ice falls, and flash floods; exposure to animals, diseases and infections not common to the United States; dangerous road, plane, train, boat, animal or automobile travel; political unrest; riot, demonstrations, and thievery; acts of terrorism; and civil unrest.

Some APU programs may require decisions made by instructors and/or students, and may include student-led outings without instructors. The nature of these activities allow for a variety of perceptions and evaluations, which by their nature are subject to risks and reasonable errors in judgment.

Some APU program outings allow for student operated vehicles, boats, and other methods of transportation. Although students operating such means of transportation are required to undergo training and to abide by certain University policies, the attendant risks include the student's capabilities, environment, terrain, and weather.

Some APU programs also allow for unsupervised free time. Free time activities are not part of the APU program and are at the sole risk of the student/participant. Free time activities include consumption of alcohol for persons of legal age, and APU has no responsibility for such activities. APU staff and employees may provide assistance or even accompany students/participants in these free time activities, but in doing so, they are acting in their own individual capacity and not at the direction or on behalf of APU.

3. Voluntary Assumption of Risks The description of activities and attendant risks noted above is not complete and other unknown or unanticipated risks may result in loss, injury, illness, disability or death. I agree to assume the risks of the activities of the program, inherent and otherwise. I agree to assume responsibility for the risks identified above and those risks not specifically mentioned. My participation in the program is purely voluntary; no one is forcing me to participate and I elect to participate in spite of and with knowledge of the risks.

4. Ability to Participate and Agreement to Follow Instructions I certify that I am physically and mentally able to participate in the program. I understand that APU reserves the right to refuse my participation if it appears that I am incapable of meeting the rigors and requirements of the activities, or if it determines that my participation poses a danger to myself and/or others. I further agree to abide by all instructions of APU staff and instructors, and all applicable rules and regulations of the University, and the laws of the governmental jurisdictions at the place or places of program offering. I agree to indemnify and hold harmless APU from all claims or losses resulting from the failure to abide by such instructions, rules and laws.

5. Independent Contractors and Third Parties APU sometimes employs independent contractors for services including, but not limited to, transportation, educational instruction, and lodging. APU does not retain control over these contractors and is not liable for any acts, negligent or willful, or failure to act of any such contractors.

6. Insurance and Authorization for Medical Treatment I understand that APU does not provide health, liability, property or other insurance for me. I understand that APU is not responsible for any medical expenses incurred by me while participating in the program. I understand that I should obtain medical insurance coverage or other appropriate insurance for the term of my participation in the program. I understand that APU is not responsible for my health, safety, or well-being during the program. If I become ill or incapacitated, APU may take any action deemed necessary for my safety and well-being, including securing medical treatment, at my own expense and transporting me home at my own expense.

7. Binding Indemnification I agree that this Agreement shall be legally binding upon me personally, all members of my family and all minors on whose behalf I am signing, my and their heirs, successors, assigns, and legal representatives. I further agree to defend, hold harmless and indemnify APU from any claim, liability, loss, damages or expenses resulting from a claim brought by a fellow participant/student, rescuer, or any other person for loss, injury, illness, disability or death caused by my conduct.

8. Mediation/Arbitration and Venue I agree that if any dispute arising from or relating to my participation in the program cannot be resolved through informal discussions between the parties, I will attempt to settle the dispute through mediation before a mutually acceptable mediator in the state of Alaska. To the extent mediation does not result in a resolution, I agree to arbitrate the matter before a mutually agreeable arbitrator in the state of Alaska. I further agree to pay all costs and attorneys fees incurred by APU in defending a claim or suit, if the claim or suit is withdrawn or to the extent a court or arbitrator determines that APU is not responsible for the loss. I agree that any dispute between APU and my parents/guardian and or me shall be governed by the substantive laws of the state of Alaska, and shall be resolved exclusively in the Third Judicial District of the state of Alaska.

9. Release of Liability I acknowledge having read and understood this Participant Agreement: Release of Liability, Acknowledgement and Assumption of Risks. I agree and assume all risks of the program, whether those risks are known or unknown, inherent or otherwise. I AGREE TO RELEASE AND DISCHARGE APU FROM ALL CLAIMS, LIABILITIES, AND LOSSES ASSERTED BY OR ON BEHALF OF ME IN ANY WAY ARISING FROM OR RELATED TO MY PARTICIPATION IN THE APU PROGRAM NOTED ABOVE (including transportation and occurrences to and from the activity or the use of APU equipment or facilities). THIS RELEASE INCLUDES LOSS, INJURY, ILLNESS, DISABILITY OR DEATH CLAIMED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF APU, PROPERTY DAMAGE, WRONGFUL DEATH, PRODUCTS LIABILITY, BREACH OF CONTRACT OR UNDER ANY OTHER LEGAL THEORY, EXCEPT IN CASES OF THE GROSS NEGLIGENCE OF APU.

10. Severability If any part of this agreement is deemed unenforceable, all other parts shall be given full force and effect.

I HAVE READ THIS PARTICIPANT AGREEMENT AND UNDERSTAND AND AGREE TO THIS RELEASE OF LIABILITY AND ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

PARENT OR GUARDIAN OF A MINOR:

I, as parent or guardian of the above minor, hereby give my permission for the minor to participate in the APU program noted above. My signature reflects my understanding and agreement for myself and on behalf of the minor to the terms stated in this Participant Agreement. I have explained to the minor the risks and terms stated in this Agreement. I agree to defend, hold harmless, and indemnify APU from any claim and from any liability brought by or on behalf of the minor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (of Pa

Print Name: \_\_\_\_\_

## STUDENT VISITOR CONDUCT AGREEMENT

The Campus Visit Weekends provide current high school students with a unique opportunity to experience the dynamic day-to-day campus life at Alaska Pacific University. To that end, we offer our visiting students many scheduled activities throughout the days they are here to better help them understand the opportunities available to our students on campus, within the city of Anchorage, and throughout south-central Alaska.

At the same time, we feel it is important for students to have a significant amount of unscheduled time to interact with current students, explore our campus, and get the kind of first-hand experience with our university that often can't be achieved through preplanned activities. To that end, students will have blocks of unscheduled time, which they can spend with current students, other perspective students, or if they prefer, on their own. Sometimes these blocks occur during the day (in-between two classes, for example), and other times occur during the evening hours.

Further, while students are encouraged to attend the many scheduled activities throughout each day, they are not required to do so. While most visiting students attend all of these activities, some choose to miss a few in order to attend more classes or to participate in other campus activities. At their discretion, a visiting student might opt to miss most or all of our pre-planned activities.

Though we will be available to all visiting students throughout the day, and 24/7 in case of emergency, students will not be supervised by APU staff day and night. Rather, students will be treated in much the same way as current students, being generally supervised at specific functions, and trusted to make responsible choices when they are on their own.

All visiting students will be required to follow the APU code of student conduct throughout the duration of their stay. This code of conduct is printed in the APU student handbook, which can be found online here:

<http://catalog.alaskapacific.edu/content.php?catoid=3&navoid=66>

The code of conduct is outlined on printed pages 39-41, which correspond to electronic pages 41-43.

The code of conduct includes, but is not limited to, the following:

1. Drugs, alcohol or any other illegal substances are strictly prohibited at all times. (Note: in Alaska the legal age to purchase or be in possession of tobacco is 19.)
2. Firearms and other weapons are prohibited on student visits. Weapons include, but are not limited to, explosives and knives with blades over three inches.
3. While we discourage students under 18 from visiting with their significant other, it is not prohibited. Students visiting with a significant other are required to notify their parent/guardian(s) of the arrangement before the visit. During the visit, they will be expected to sleep in different quads.
4. Theft and/or destruction of personal and/or University property will be prosecuted to the fullest extent of the law.
5. Student visitors must be 16 years old to participate in a Preview Weekend.

Having read this agreement, please sign and date below.

I, the undersigned, agree to the expectations and terms discussed above, and agree to follow the APU code of student conduct throughout my visit.

Signature\_\_\_\_\_

Date:\_\_\_\_\_



# Model Release Form

I agree to give user rights and privileges of any photographs, slides, video footage, electronic files or negatives of an image of me to Alaska Pacific University. I knowingly give permission to use said images in any university advertising, student recruitment, public relations effort, curriculum design, or curriculum delivery. I grant APU permission to use images of me in both print and electronic media for an unlimited amount of time and impressions.

Name (print) Student: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature Date \_\_\_\_\_