

Interested in finding out more about getting ready for college?

RU COLLEGE BOUND?

Come see what it's all about!

Thursdays from 4:30 to 6:30 p.m. at the
Rockhurst University Community Center, 5401 Troost Avenue



ACT Prep, icebreakers and snacks,
fun classroom activities & guest professors

Call (816) 501-4306 for more info

PLEASE PRINT

RU College Bound

Participant's name _____ Birth Date _____

Parents'/Guardians' Names _____ Phone _____

Cellular/pager _____ Home address _____

Person to contact in case of emergency _____ Phone _____

Family Physician _____ Phone _____

Medical Insurance Company (if applicable) _____ Policy Number _____ Phone _____

We, the undersigned, being all of the parents or guardians of our child _____, (name of child), grant permission and ask that you allow our child to participate in the above-mentioned program.

We, the undersigned, agree on behalf of ourselves, our child named herein (if participant is under 18), and our heirs, successors, and assigns, to hereby release, indemnify and save harmless Rockhurst University and any of its instructors, staff, interns, chaperones, chaperone aides and any other persons connected with Rockhurst University from any and all liability, claims, damages, for personal injury, or property loss/damage which may arise as a result of the activity. We agree not to sue any of the above parties, their agents, representatives, employees, or volunteers. We agree to compensate them for reasonable attorney's fees and expenses in connection therewith.

We acknowledge that Rockhurst University Community Center does not provide childcare facilities before or after this program.

We hereby warrant that to the best of our knowledge, our child is in good health, and we assume all responsibility for the health of our child. In the event of an emergency, we hereby give permission to instructors, staff, interns, chaperones, chaperone aides, representatives, agents, volunteers, and employees of Rockhurst University and others selected by the adult chaperones at their discretion, to transport my child to a hospital for emergency medical or surgical treatment. We wish to be advised prior to any further treatment by the hospital or doctor. We hereby authorize the treatment, administration of anesthesia, surgical treatment(s) for our child in the event of a medical situation during our absence or when the hospital or physician(s) are unable to contact us. This authorization extends to any hospital, physician(s) and nursing personnel within the physician's staff where treatment is rendered. We release from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures acting on authority of this medical treatment consent from which such medical providers deem necessary for our child.

In the event of an emergency, if you are unable to reach us at the above numbers, please contact the emergency contact person listed above.

PHOTO RELEASE - I hereby grant permission to Rockhurst University's Office of Public Relations and Marketing for the use of my child's photograph for such official business of the University, which shall include but not be limited to: advertising, publications, university Web site and news releases. YES NO

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____