

Student Agreement Form

Student: please complete when you have fully read and understand the following:

- I understand the group visit agreement rules and regulations apply to my visit to Arizona State University. If I do not abide by these policies, I may not be invited back the following academic year, or may be dismissed.
- I understand that if I bring a cell phone or electronic devices, it will be turned off while on campus, unless an ASU staff asks me to use it.
- I understand that this is an opportunity to learn more about ASU and how to prepare for college. I will actively participate in the activities so that I can fully benefit from the ASU event.

Complete the all fields below. This information will be to track your college readiness and communicate with you regarding upcoming ASU events and enrollment information.

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Date of Birth (mm/dd/yyyy): _____

Cell Phone: _____ Home Phone: _____

ASU may send text messages to this cell phone number. Standard charges apply. YES NO

Student Email Address: _____

Parent Email Address: _____

Current School: _____ Grade Level : _____ Year of High School Graduation: _____

Current Grade Point Average: 4.0 (A's) 3.5 (A's & B's) 3.0 (B's) 2.5 (B's & C's) 2.0 or less

Free and/or Reduced Lunch: Yes No Unsure

PARENT PERMISSION

RELEASE, INDEMNITY AND ASSUMPTION OF RISK: As the parent or legal guardian of the Student listed above, I, _____ (print name), grant permission for my Student to participate in the activities related to ASU Educational Outreach. This Release, Indemnity and Assumption of Risk Statement covers all events and occurrences associated with the activities, including travel between activities, participation and observation. I also authorize ASU to film, videotape, photograph or otherwise record Student's participation in ASU Outreach activities and to reproduce and use the film, videotape, recordings and Student's name, likeness, voice and brief biographical material in connection with non-commercial promotional activities, materials, or websites related to ASU Outreach. For myself and on behalf of Student, I agree to assume the risk that unexpected events may occur and result in harm, injury or illness to Student, or damage to or loss of property while Student is participating in, observing, or traveling to or from the Activities. I agree not to sue ASU for any harm or damage associated with Student's participation or observation or other items covered in this release if the harm or damage is not due to the negligence or fault of ASU. I also agree to indemnify ASU for all damages or injuries that are the result of my or Student's negligence. I understand that ASU Outreach activities are voluntary and I agree to accept responsibility for Student's personal safety. I consent to the provision of emergency medical treatment for Student to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment. In this agreement, "ASU" means Arizona State University, the Arizona Board of Regents, the State of Arizona and their employees and agents.

Parent or Legal Guardian Signature: _____ Date: _____

Printed Name & Cell Phone Number: _____