



Contact: Admissions **Phone:** 780-465-3500
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9125 50 Street Edmonton, AB T6B 2H3

Overnight Campus Visit Authorization and Waiver Form

This form must be completed and signed and submitted at least 48 hours before the planned visit.

Name of Participant: _____	Birthdate: _____ <small>mm/dd/yy</small>
Address: _____	
City: _____	Province: _____ Postal Code: _____

Arrival Date: _____ <small>mm/dd/yy</small>	Departure Date: _____ <small>mm/dd/yy</small>
Arrival Time: _____ am/pm	Departure Time: _____ am/pm
<input type="checkbox"/> I need to be picked up <input type="checkbox"/> I am making my own arrangements	<input type="checkbox"/> I need to be dropped off <input type="checkbox"/> I am making my own arrangements
Transportation to Campus:	Transportation from Campus:
<input type="checkbox"/> Participant is Driving	<input type="checkbox"/> Participant is Driving
<input type="checkbox"/> Other Driver: _____ <small>Name and Relationship</small>	<input type="checkbox"/> Other Driver: _____ <small>Name and Relationship</small>
<input type="checkbox"/> Bus _____ <small>Bus Line</small>	<input type="checkbox"/> Bus _____ <small>Bus Line</small>
<input type="checkbox"/> Plane _____ <small>Airline & Flight Number</small>	<input type="checkbox"/> Plane _____ <small>Airline & Flight Number</small>

Emergency Contact Name: _____	
Relationship: _____	Phone Number: _____
Participant Health Insurance Number: _____	Issuing Province: _____
Relevant Medical Conditions/Allergies: _____	

The Participant <input type="checkbox"/> will <input type="checkbox"/> will not take part in the optional trip to West Edmonton Mall on Saturday afternoon. Transportation is provided, all other costs are the participant's responsibility.

I, the undersigned, have read the Overnight Campus Visit Waiver Form and fully understand the terms and conditions outlined on page two (2) of this document.	
Parent/Guardian Signature (if participant is under the age of majority)	Participant Signature
Parent/Guardian Name	Date Signed <small>(mm/dd/yy)</small>



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The King's University seeks to be a community that models Christian character and embodies values such as respect, trust, cooperation, and honesty. This environment should be a place that is engaging, where every member can feel and experience belonging, challenging one another within a culture of learning, by taking responsibility through acts of humble ownership.

All members of the King's community are called upon to share the ideal and take up the challenge of becoming a Christian community. In a diverse community such as ours conflicts requiring resolution will arise, and actions will occur which require accountability of those who violate community standards. Accountability procedures are necessary to maintain community, to hold people to account for their actions, restore trust, and uphold appropriate boundaries.

1. The Participant agrees to abide by King's behavioral policies as laid out in the student handbook and respect those in authority for the duration of this event. I acknowledge that refusing to follow these rules may result in The Participant being sent home early at my own expense.
2. I understand that The Participant is required to take part in all the planned activities of this event. Lack of participation may result in The Participant being sent home early at my own expense and I would forfeit the right to any discounts, subsidy or giveaways associated with this event.
3. I understand that signing this waiver does not authorize The Participant to leave campus during this Event. On the occasion that The Participant would like to visit with a friend or family member in the area, a signed note from parents must be presented including details of the visit relieving Kings of all liability.
4. I am aware that King's does not insure Participants, I knowingly and freely accept and assume any risks, dangers and hazards, whether known or unknown, and the possibility of personal injury, illness, death, property damage or loss, resulting from the Participant's presence during the above-noted visit. I release, waive and hold harmless: King's, its Board of Governors, officers, employees and agents from any liability, claims, causes of action and/or damages of any kind relating to or arising out of the overnight campus visit.
5. The Participant agrees that all personal belongings are brought at their own risk and are not the responsibility of King's. Further, I understand that these items are not covered by King's insurance.
6. I acknowledge that it is my responsibility to obtain supplemental medical, hospitalization and disability insurance coverage if needed. To the best of my knowledge, there are no health-related reasons or problems that preclude or restrict participation in the above-noted visit.
7. In the event of an accident or serious illness, I authorize King's to obtain medical treatment for the Participant. I agree to hold harmless and indemnify King's from any liability, claims, causes of action and/or damages, arising out of or resulting from medical treatment obtained.
8. I give permission to release information provided on this form to King's employees and others including insurance agents and/or emergency medical personnel as required.
9. The Participant agrees to observe rules and practices employed to minimize risk of injury. The Participant agrees to seek assistance if unable to safely continue an activity.
10. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.