

Release Form

Community Expectation Agreement: I agree to abide by George Fox community expectations and policies, including no alcohol, drugs, or cohabitation for the duration of the visit. I understand that violation could mean immediate dismissal and return home at my own cost.

First & Last Name (print): _____

Student signature _____

Date _____

Medical Treatment Agreement: I hereby consent for medical treatment to be given as may be deemed necessary by a physician in the event of injury, accident, or unexpected illness. I understand that George Fox University will not be held responsible for any financial obligation incurred related to medical treatment. I understand that an attempt shall be made to contact persons at the home residence in such an event. (***Signed by a parent or guardian if registrant is under 18, or by registrant if 18 years of age or older.***)

Signature _____

Date _____

Emergency Contact: _____

Phone Number: _____

George Fox University, Overnight Visit