

REMINDER CHECKLIST

WAIVER FORM IS ATTACHED

**Please complete the waiver and return to the above address,
so your overnight visit request can be processed.**

Thank you for your interest in the overnight visit program at Ferris State University. In order to successfully register for an overnight visit you must complete the following three steps:

- 1) Complete the online registration form. You must complete all of the asterisked areas or the form will not submit. Once completed, select the submit button.
- 2) Print the waiver form. Please complete the form and return it to the Ferris State University Admission office via US Mail. **Your Overnight Reservation Will Not Be Confirmed Until We Receive Your Waiver Form.**
- 3) Once Ferris State University receives your completed waiver form, you will receive an official confirmation letter. This letter will include your visit date, time of arrival, host name and phone number. Please read this letter thoroughly. If you have any questions or concerns, please call the Admissions office at 1-800-433-7747.

PLEASE NOTE: All reservations are first come, first serve. If after receiving your confirmation you are unable to attend your assigned visit, please call (1-800-433-7747) or e-mail (admissions@ferris.edu) your cancellation. This will allow us to notify the student ambassador, so they will not be left waiting your arrival.

Ferris State University Overnight Campus Visit Authorization & Waiver Form
FORM TO BE COMPLETED FOR ALL PARTICIPANTS

Please review, complete, and sign the form/waiver/medical history which are on the front and back of this sheet. The completed form should be returned to Ferris no later than two (2) weeks prior to the beginning of your visit. Each parent or guardian must sign.

1. EMERGENCY AUTHORIZATION FORM

I/We _____ are the parents(s) (custodial parent) or guardian(s) of _____ who is participating in the **Overnight Campus Visitation Program** at Ferris State University. In the event I/We cannot be reached, I/We authorize the Admissions Representatives or the acting person in charge of the visitation program, as well as medical staff at Birkam Health Center or Mecosta County General Hospital, to make decisions regarding the emergency care or treatment of _____, including seeking and approving medical treatment. This Emergency Authorization is valid from _____ to _____, the dates of the visit.

_____	_____	_____	_____
Date	Signature of Parent or Guardian	Date	Relationship to Participant
_____	_____	_____	_____
Date	Signature of Parent or Guardian	Date	Relationship to Participant

2. WAIVER OF LIABILITY FORM

In Consideration of the use of certain Ferris State University facilities, the undersigned understands that, as the parent(s) or guardian(s) of the participant, he/she/they is/are assuming full risk of injury arising from the use of these facilities.

Any personal belongings that _____ brings with him/her to Ferris State University is at his/her risk and is not the responsibility of Ferris State University. Further, these items are NOT covered by Ferris State University insurance coverage.

I/We understand and agree that Ferris State University and Admissions personnel will provide _____, my/our child or ward, with instructions on any limitation to his/her participation as disclosed by the medical history report form. Neither Ferris State University nor any of the Admissions personnel shall be responsible for any injury or damage except that caused by the sole negligence of Ferris State University or its personnel.

By signing below I/We expressly agree to be bound by the terms and conditions of this agreement.

_____	_____	_____
Date	Signature of Parent or Guardian	Relationship to Participant
_____	_____	_____
Date	Signature of Parent or Guardian	Relationship to Participant

(Over)

