

VISITOR RELEASE FORM

Visitor name: _____

Date of visit: _____

Please complete the following information:

In case of emergency, please contact: _____

Address: _____

Special Instructions in case of emergency:

Health Insurance Information

Insurance Company: _____

Policy Number: _____

Name of Insured: _____

Relationship of visitor: _____

While participating in the student-initiated outreach event above, I agree to conduct myself in an appropriate manner with respect to the rules and regulations of UCSC. In the event that an accident or damage occurs, I agree not to hold the University responsible and to accept any and all financial responsibility which the university deems appropriate. In addition, the University will not be responsible for any loss, damage, or destruction of my personal property nor will the University be responsible for any person property left on campus after the completion of my visit.

PERMISSION FOR EMERGENCY TREATMENT: (If visit under 18 years of age): I understand that a UCSC staff member will contact the parent, guardian or person listed on this emergency form in case of illness or injury. I authorize the staff to contact paramedics when emergency medical attention is warranted. I give permission for my child to be taken to a hospital and given medical attention by hospital staff necessary. I understand that I am responsible for any charges incurred.

Visitor's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

If the student visitor is under 18 years old, both signatures are required in order to participate in the program.