



VISITING PROSPECTIVE STUDENT FORM

Maryville University (“Maryville”) is a student-centered campus, which means we are highly focused on teaching and mentoring. We welcome prospective students to visit our campus to experience first-hand what it means to be a Maryville student. In order to provide the best possible experience to prospective students, we ask that prospective students under the age of 18 and their parent or legal guardian review, sign, and complete this form.

VISITING PROSPECTIVE STUDENT STATEMENT OF CONDUCT

As a prospective students visiting Maryville, I understand and agree to the following.

- I am responsible for my own actions and behavior and understand that Maryville will not be providing constant supervision of my activities during my time on the Maryville campus.
- I agree to abide by Maryville’s policies and all federal, state, and local laws. If I break or violate a Maryville policy or law, my parent/ legal guardian will be contacted and I may be required to immediately leave Maryville’s campus. Prior to my visit, I will review Maryville policies and if I am unsure about a policy, I will ask questions.
- I must show respect for Maryville property and facilities (including student housing and classrooms) during my visit. I and/or my parent/legal guardian assume responsibility for any damage I cause during my time on Maryville’s campus.
- I will not engage in any misconduct during my visit, including but not limited to, the use, possession, or distribution of alcohol, tobacco, or illegal drugs.
- I understand that during my visit, I will not download anything from the internet that is not authorized and will not visit inappropriate internet sites.
- I understand that my failure to abide by this statement of conduct may lead to disqualification for admission to Maryville University.

Prospective Student Signature

Date

Parent / Legal Guardian

Date



VISITING PROSPECTIVE STUDENT CONSENT TO PUBLICITY

_____ (“Student”), as a prospective Maryville University student visiting the Maryville University campus, and as parent or legal guardian of Student visiting the Maryville University campus, by signing below give consent and give all rights to Maryville University to use Student’s name, image, and/or likeness in publications to promote Maryville University and/or its programs or activities. This consent is not required in order for Student to visit Maryville University.

Prospective Student Signature

Date

Parent / Legal Guardian Signature

Date



MARYVILLE UNIVERSITY VISITING PROSPECTIVE STUDENT RELEASE OF ALL CLAIMS AND LIABILITY

_____ (“Student”) as a prospective minor student visiting Maryville University (“Maryville”) and as a parent and/or legal guardian of the Student, in consideration for the Student being permitted to participate in the campus visit to Maryville, the receipt and value of which is hereby acknowledged, do hereby for Student and Student’s heirs, executors, administrators, successors, and assigns, release, acquit, indemnify, agree to defend and hold harmless, and forever discharge Maryville and its employees, agents, officers, directors, contractors, insurers, personal representatives, and any and all persons acting on Maryville’s behalf, from any and all demands, claims, rights, proceedings, civil actions, administrative actions, and/or other causes of action, of any nature and description whatsoever, whether state, federal or at common law, legal, equitable or regulatory in nature, known or unknown, anticipated or unanticipated, disclosed or undisclosed, absolute or contingent on account of, arising out of, or in any way related to or connected with Student’s participation in the campus visit to Maryville.

THE UNDERSIGNED HAVE CAREFULLY READ THE FOREGOING AND UNDERSTAND ITS CONTENTS AND AGREE TO BE BOUND BY THE TERMS THEREOF, AND SIGN THIS RELEASE OF ALL CLAIMS AND LIABILITY OF FREE WILL AND ACTION.

SO AGREED:

Prospective Student Signature

Date

Parent / Legal Guardian Signature

Date



VISITING PROSPECTIVE STUDENT MEDICAL RELEASE
(To Be Completed and Executed by Parent/Legal Guardian)

I attest and verify that _____ (“Student”) is in good physical and emotional health and able to fully participate in the visit to Maryville University’s (“Maryville”) campus. In the event of a medical emergency, sudden illness, accident, or injury, which occurs while Student is visiting Maryville, when neither parents nor guardians can be contacted, I hereby authorize Maryville and/or its past and present officers, trustees, employees, agents, representatives, successors, or volunteer to: (1) consent to any medical, hospital, dental, or surgical test, diagnosis, care, or treatment that Maryville deems necessary for Student’s safety and protection; and (2) to administer emergency first aid, including cardiopulmonary resuscitation (“CPR”), that Maryville deems necessary for Student’s safety and protection in the absence of immediately-accessible medical personnel. By signing below, I understand and agree that Maryville assumes no responsibility for any injury or damage which might arise in connection with such authorized emergency medical consent or emergency first aid or CPR. By signing below, I acknowledge that I am responsible for the cost of any medical or emergency services Student may incur as a result the Student’s visit to Maryville.

Name of Student: _____ Date of Birth: _____

Student’s Address: _____

Student’s Cell Phone Number(s): _____

Parent/Legal Guardian Name: _____

Day Phone: _____

Cell Phone(s): _____

Evening Phone: _____

E-mail Address: _____

Parent/Legal Guardian Name: _____

Day Phone: _____

Cell Phone(s): _____

Evening Phone: _____

E-mail Address: _____

Additional Emergency Contacts (if parent/guardian cannot be reached)

Name	Relationship	Phone Number
------	--------------	--------------

_____	_____	_____
_____	_____	_____

Parent / Legal Guardian Signature

Date



VISITING PROSPECTIVE STUDENT MEDICAL INFORMATION

Name of Student: _____

Health Insurance Provider: _____

Health Insurance Number: _____

Primary Care Physician: _____

Special Medical Conditions (e.g., asthma, diabetes, epilepsy)

Allergies:

Medications:

Other Information:
