

PLEASE RETURN THE INFORMATION AND CONSENT FORM A MINIMUM OF FIVE (5) BUSINESS DAYS PRIOR TO YOUR OVERNIGHT CAMPUS VISIT.

Individuals must provide proof of medical insurance coverage to stay overnight on campus

Fax to 604-815-0829 or scan and email to campus.visits@questu.ca
Any questions please email: campus.visits@questu.ca or call: 604.898.8027

ATTENDEE INFORMATION

Full Legal Name : _____
(as it appears on your passport or birth certificate)

Address _____
City: _____ Prov/State _____ Postal/ Zip Code: _____
Tel#: _____ Email: _____

Emergency Contact

Cell Phone: _____ Home Phone: _____
First Name: _____ Last Name: _____
Relationship to Student: _____

INSURANCE INFORMATION – Must be provided

Canadian Resident

Provider: _____ Acct/ID#: _____

Non- Canadian Resident

Provider: _____ Acct/ID#: _____

I do not have medical insurance coverage while in Canada and request that Quest provide this coverage at a cost of \$25.00 CDN to be paid upon my arrival to campus. My birth date, gender and country of residence are:

Birth date: _____ Gender: _____ Country currently residing in: _____
(dd/mm/yyyy)

OVERNIGHT RESIDENCE STAY REQUEST (Students only)

Date of Overnight Stay – dd/mm/yyyy (one night only):

Arrival Date _____ Departure Date: _____

Accommodation recommendations for parents can be found online at: http://www.questu.ca/popups/local_accommodation.html



I _____, in consideration of the academic and social benefits derived from participation in the curricular and co-curricular activities administratively organized by Quest University Canada as part of an overnight campus visit, do hereby consent to participate in some or all of these activities, under the following conditions:

- I understand that some curricular and co-curricular activities take place outside of the classroom, on or off of the Quest University Canada campus. These will include, but are not limited to outdoor activities including trips to events and activities at off-campus locations, and team-building activities.
- I understand that I can ask questions about each activity, and can choose whether or not to participate in each activity.
- I recognize that some activities may be organized and facilitated by Quest staff, faculty, or student leaders.
- I recognize that the conditions in some of the places to which I may travel may not be of the same standard as the conditions to which I am accustomed, and that some of the activities in which I may participate may not be of the same type as the activities to which I am accustomed.
- I understand further that there may be certain health risks as well as other risks to me and to my property associated with some trips and activities and I enter into participation with knowledge of those risks.
- I will not participate in or condone any illegal or inappropriate activities during my stay at Quest University Canada and understand I may be asked to leave, if I am found participating in such activities.

I have read and understand the consent form.

If you are 18 years or younger, this form must be signed by your parent(s) or legal guardian(s). Parents or legal guardians may be contacted prior to the event to confirm the details.

Signature of Student	Date
Signature of Parent/Guardian (if student is 18 or under)	Date
Signature of Parent/Guardian (if student is 18 or under)	Date