

FRIENDS UNIVERSITY

2100 W University Ave | Wichita, KS 67213

I, _____, parent/legal guardian of _____
grant permission for my child to voluntarily participate in Friends University sponsored and/or associated activities

Fall New Student Orientation with New Student Orientation and Campus Ministries – Student Affairs

I understand that there are inherent risks associated with participation. The risks include injury and/or death to my child. I understand that my child is expected to follow the program's rules and regulations, and I agree to hold them accountable for their behavior. I understand that Friends University may, in its sole discretion, dismiss participants for inappropriate, disrespectful, or dangerous behavior at any time. In the event, the participant breaks or damages any property, they agree to pay for its repair or replacement.

Off-Campus Violations: While many of the student conduct expectations are specifically concerned with behaviors occurring on Friends University's campus, the institution reserves the right to investigate and respond to incidents involving students who are involved in activities off-campus that may endanger the health, safety, and welfare of Friends University students.

Responsibility of Guests: When a student brings or invites a non-Friends person(s) to the University or a University sponsored event, the student accepts responsibility for the actions of his/her guest(s). The University expects the student to inform the guest(s) of all rules and regulations of the University. The student may also be subject to disciplinary action based on the actions of his/her guest(s).

I acknowledge that Friends University has made efforts to inform participants of potential risks but may not be aware of all possible risks.

I agree not to allow my child to participate in an activity unless they are medically able and properly trained.

Please cross-out any activity listed below or on any attachments that you DO NOT authorize.

Form may be used for multiple events and/or activities that occur within the same academic year and/or semester.

Date(s)	Destination/Purpose	Departure/Start Time	Return/End Time	Transportation
8/14/2025- 8/17/2025	Inflatable Obstacle Course during Falcon Frenzy	8/14/25 from 8:30 pm	10 pm	<input type="checkbox"/> licensed public transportation <input type="checkbox"/> school bus <input type="checkbox"/> rented van private <input type="checkbox"/> passenger vehicle <input type="checkbox"/> driven by student <input type="checkbox"/> N/A
	Musical Chairs during Pep Rally	8/15 from 2:45 pm	3:45 pm	
	Service Project – this may involve riding in a van or bus in the Wichita area driven by a professional staff member, or may be on campus	8/16/25 from 9 am	12:30 pm	

In the event that I should require medical care or treatment, I authorize Friends University and its designated representatives, to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

Print Parent Name	Date	Parent Signature
Student Participant Name	Date	Signature