

## Acknowledgement Form

I have received a copy of the PARI Visitor Policies & Procedures and the Memorandum on Safety Procedures. I agree to comply with all policies and procedures whenever I am on the PARI campus.

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Medical Conditions/Medications** – Please list all special allergies and medical conditions (this information will be handled confidentially).

\_\_\_\_\_  
\_\_\_\_\_

**Dietary Needs** – Please list any special dietary needs, for example – vegetarian meals, allergy to nuts/soy/dairy.

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information** – In the event of an emergency, please contact:

Name (print):

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Phone Number(s):

\_\_\_\_\_

(cell phone and work numbers are appreciated)

**Note:** PARI maintains a database of “stock” or generic photos we use for various purposes, including PARI web site, news releases, our newsletter and other PARI publications. People in the photos are typically not identified by name, unless they have been informed. Please let PARI staff know if you do not wish to be photographed for these purposes.