

A COMMITMENT TO SUCCESS

We welcome you to Dorsey College and commend your pursuit of quality career training. You have demonstrated that you not only possess the ability, but more importantly the motivation and desire to be a successful graduate with a satisfying career. Making a commitment such as this, to enhance the quality of your life, is a very responsible decision that offers lifetime rewards.

We want you to be an active member of the Dorsey College Team and challenge you to take charge of YOUR education needs. It is important for you to understand YOUR role as a team member. Therefore, it is very important for you to remember while attending Dorsey School of Beauty:

- A. Your success will be greatly determined by YOUR attendance... make a commitment to be on time and attend every day.
- B. Do not allow yourself to fall behind in studies and assignments... getting behind can snowball and cause you to become discouraged and lose control.
- C. You must maintain a minimum cumulative grade point average (GPA) in your program ... believe in yourself and apply a sincere and genuine effort.
- D. Our Graduate Career Services do not guarantee placement... we support you, but only YOU can guarantee your success.

The efforts YOU put forward now will reflect in the success you gain in your career. By following the items listed above, your experience at Dorsey College will be both enjoyable and rewarding.

I acknowledge that I have received or been given access to each of the items below. I understand each item and agree to abide by all policies contained in these documents:

- Emergency Contact and Personal Information
- Publicity and Media Release Form
- The following items are available in the Dorsey catalog available on the Dorsey College website at www.dorsey.edu; a printed catalog copy is available upon request.
 - Electronic Communication Device Policy & Student Use of Computer Systems and Networks
 - Student Code of Conduct
 - Standards of Professional Appearance (program-specific)
 - Attendance Policies (program-specific)
- COVID-19 Conduct and Isolations Policies (available on the Dorsey College website at <https://www.dorsey.edu/covid-19/>)
- Notice of Availability: Annual Safety and Security Report (sent annually to active students)
- Drug and Alcohol Abuse Prevention Policy including Smoke-Free and Tobacco-Free Policy (sent annually to active students)

I further understand that additional information on Textbook Pricing and Consumer Information is directly accessible on Dorsey's website homepage located at www.Dorsey.edu.

I hereby release Dorsey College, its officials, agents, and employees from any and all liability or responsibility for injury to my person or property from whatever cause, which may occur during or result from a school event, tour, field trip, or any other activity related to Dorsey College.

I understand that I must notify Dorsey College of a change in my name, address, email, or phone number in writing. I also understand that I am not permitted to bring children or other dependents to school with me.



Your Career Connection Since 1934

Student Signature: _____ Date: _____

Print Name: _____



Your Career Connection Since 1934

EMERGENCY CONTACT AND PERSONAL INFORMATION

Rev. 06/2021

Last Name First Name Middle Name Maiden Name (If Applicable)

Street Address Apt # Is this a new address? Yes No

City State Zip Home Phone Number

Email Address Cell Phone

WHO SHOULD WE CONTACT IN CASE OF EMERGENCY?

Emergency Contact Relationship Emergency Daytime Phone Emergency Evening Phone

Address City State Zip

Emergency Contact Relationship Emergency Daytime Phone Emergency Evening Phone

Address City State Zip

Are you aware of anything that may prevent you from successfully completing your training? YES NO
If YES, please explain:
Please check appropriate boxes below with explanations as requested (note that health information is voluntary)
Please describe your general health: GOOD FAIR POOR - please explain and indicate any medical conditions or problems that you would like us to know about. This information will be relayed to any attending medical personnel at the time of an emergency while at Dorsey College.
Do you have any health matters or disabilities of which we need to be aware? Yes NO
Would you like to request accommodations? Yes NO If YES, please describe the type of accommodations requested:
Physician's Name Emergency Daytime Phone Emergency Evening Phone
Preferred Hospital(s):

Student Signature: Date:

PUBLICITY AND MEDIA RELEASE FORM

In this consent, DORSEY means Dorsey College campus locations, Dorsey School of Beauty (located in Taylor, MI), each organization's partners and affiliates. I hereby agree and consent to grant to DORSEY the absolute and irrevocable right and permission to use my name, biography, quotations, image likeness, voice recordings, videos and/or still images of me, for any promotion, advertisement or other use DORSEY may choose. I further authorize DORSEY to: reproduce, edit, exhibit, project, display, copyright, and/or publish the pictures and/or videotaped images of me with or without my voice, or in which I may be included in whole or in part, and to circulate and/or use the same in all forms of DORSEY, advertisements, publicity and/or any other lawful purpose whatsoever. It is acknowledged that I have agreed to waive compensation for such consent and that no compensation is owed to me from DORSEY. I also understand that DORSEY have no obligation to use my image or voice.

I grant DORSEY the unrestricted right to use and publish my personal information, including but not limited to my name, program, work experience, school history and/or experience, and all other information related to my involvement with DORSEY, for any and all purposes.

I further agree that I release DORSEY from any and all claims and liability which may arise as a result of its use of my voice and/or image and I agree that if by reason of my statements and/or actions there is any claim or litigation involving any charge by third persons against DORSEY, that I will hold DORSEY and their agents, employees and representatives harmless from liability, loss or expense arising from such claim or litigation.

By my signature below, I waive any and all claims which I have or may have as a result of DORSEY use of my likeness and/or voice.

Examples of Possible Use

- Video made during a presentation or project shared with a television station.
- CD/DVD made from videotaped interviews and activities to be shared with the public.
- Participation in school or classroom activities, workshops, or conferences posted on the internet via the institution's website, social networking, and/or social media tools and services.
- Pictures and quotations taken during interviews used in printed publication such as newspapers, magazines or newsletters.

Please print.

Name: _____

Address: _____

City: _____

Home Phone: _____

Cell Phone: _____

Program: _____

Signature: _____ **Date:** _____

Comments / Quotes: _____

