

Admitted Student Overnight Visit Policy & Permission Form for Swarthmore College 2018-2019

This is required for all visiting admitted students and must be emailed to cdanber1@swarthmore.edu or faxed to 610-328-8580 **no later than one week prior to your overnight. You will not be permitted to stay overnight without completing and submitting this form.**

As a guest, Swarthmore College requires that you assume the same responsibility for your actions that Swarthmore students have assumed. Please read the following statement and sign your name to indicate that you understand the statement. If you do not understand the statement or how it applies to you, please ask a member of the Admissions staff to explain it to you before you sign.

For Students:

- I am aware that although Swarthmore College has agreed to host me overnight, neither the Office of Admissions nor any other office or personnel of Swarthmore College will be supervising me at all times during my stay on campus. I, like enrolled students, am responsible for my behavior as an adult within the expectations described below. I am aware that I am required to abide by the Swarthmore College Student Code of Conduct while I am on campus. I am further aware that, if I do enroll at Swarthmore College, any of my conduct during my participation in this program that is later determined to have violated the Student Code of Conduct, will be subject to disciplinary review and action. I am also aware that even if I do not enroll at Swarthmore College, the College will make a record of the reported violation and any subsequent investigation. The Swarthmore College Student Code of Conduct is available at: <http://www.swarthmore.edu/student-life/student-handbook/student-code-of-conduct-rules-and-regulations.xml>.
- I am aware that participants in on-campus visitation programs are required to abide by Pennsylvania state law and the rules and regulations of student contact that govern students enrolled at Swarthmore College. I acknowledge that Pennsylvania law prohibits the drinking of alcoholic beverages by persons under 21 years of age, and forbids the use of controlled substances.
- Further, I understand that any negative behavior during my campus stay will be considered by the Admissions Office. Any violation of the rules stated above or any damage to Swarthmore College property may impact my application to Swarthmore College.

For Parents:

- **Permission and Release:** I give permission for my child, named below, to visit Swarthmore College. I release and give up all claims, including claims of negligence, that I or my child now has or may have in the future against Swarthmore College, its affiliates, its agents, and employees, including the College's Board of Managers, Directors and Officers, administration, faculty and staff, arising out of my child's participation in this activity. I also understand that my child's participation is on a completely voluntary basis. I make this decision by choice and my child's participation in this activity is undertaken knowing that risks may be involved. I understand that Swarthmore College does not assume any risk or liability due to my child's participation in this activity. I understand this Release applies to all claims for property loss, injury or illness, or death or any other damages suffered by me or my child, now or in the future, as a result of my child's participation in the activity.
- **Binding:** This Release binds me, my heirs and personal representatives. I understand that it benefits the heirs, personal representatives or successors and assigns of the Party Released.
- In case of emergency, and if I cannot be reached, I, the undersigned parent or guardian of the below-named child, do hereby authorize a representative of Swarthmore College to consent to any medical treatment or care deemed advisable. I understand that Swarthmore College employees will not give any medication to a participant and health care is not available to the child on the premises. In the event of an emergency, 911 and emergency contacts will be called to respond.

By signing below, we acknowledge that we have read and fully understand the Permission and Release provisions; we have read and agree to comply with the Overnight Visit Policy described above; and that we also understand and agree to abide by the Swarthmore College Student Code of Conduct and the laws of the Commonwealth of Pennsylvania during participation in this program.

Signature of Parent/Guardian

Date

Signature of Student

Date

Student Name (please print)

-OVER-

Student Information:

Name of Student: _____

Date of Birth: _____ Gender: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone (Check Preferred) Home _____ Cell: _____

Email Address: _____

Please list medical conditions, allergies, medications required, & accommodations requested here:

Please note: Swarthmore College employees will not give any medication to a visitor and health care is not available to a visitor on the premises. In the event of an emergency, 911 and emergency contacts will be called to respond.

Parent/Guardian Information:

Name of Parent or Guardian: _____

Home Address: _____

Business Address: _____

Phone Numbers: Daytime: _____ Evening: _____

Email Address: _____

*Please return this form to the Admissions Office **no later than one week prior to your overnight visit.**
You will not be allowed to stay overnight without completing and submitting this form.*

We prefer you email this form to cdanber1@swarthmore.edu.

If you have any questions, please contact the Admissions Office by telephone at (610) 328-8300.

Thank you for your time. We look forward to hosting you on campus!