# Admitted Student Overnight Visit Policy & Permission Form for Swarthmore College

This is required for all visiting admitted students and must be emailed to <u>swatstruck@swarthmore.edu</u> or faxed to 610-328-8580 **no later than April 4, 2017**. <u>You will not be permitted to stay overnight without this form.</u>

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 participating in the admissions event. 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-handbook/student-code-conduct-rules-and-regulations.
- 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 property may impact my admissions decision at Swarthmore College.

#### For Parents:

- □ **Permission:** I give permission for my child, named below, to visit Swarthmore College and to participate in the Admissions overnight program.
- □ 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 no medication will be given to my child and that 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.

#### **Release:**

- □ I release and give up all claims, including claims of negligence, that I now have 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 the below named student's participation in the Admissions overnight program. I also understand that participation in this program is on a completely voluntary basis. I make this decision by choice and my participation in this program is undertaken knowing that risks may be involved. I understand that Swarthmore College does not assume any risk or liability due to my participation in this program. I understand that this Release applies to all claims for property loss, bodily injury, illness, or death or any other damages suffered by me, now or in the future, as a result of my participation in this program.
- □ **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.

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 Visitation Policy described above; and that we also understand and agree to abide by the Swarthmore College Student Code of Conduct during participation in this program.

Signature of Parent/Guardian	Date
Signature of Student	Date

## **Student Information:**

Name of Student:		
Date of Birth:	Gender:	
HomeAddress:		
City:	State:	Zip:
Phone Number: Home	Cell:	
EmailAddress:		
Do you request to be hosted by a student yo If yes, name of the student:	u already know on campus? (This is not gua	
Have you been in communication with a co		🗆 No 🗖 Yes
Please list any medical conditions, allergies,	, required medications, & special accommod	ations needed here:
<i>Please note:</i> Swarthmore College employee available to the child on the premises. In the to respond.		
Parent/Guardian Information:		
Name of Parent or Guardian:		
HomeAddress:		
BusinessAddress:		
Phone Numbers: Daytime	Evening:	
EmailAddress:		
Please return this form	to the Admissions Office <b>no later</b> i	than April 4, 2017.

You will not be allowed to stay overnight without this form.

Email: <u>swatstruck@swarthmore.edu</u>

Fax: 610-328-8580

If you have any questions, please contact the Admissions Office by telephone at (610) 328-8300. We look forward to hosting you on campus!