



## Overnight Program Permissions Form

### STUDENT SECTION

I understand that I will be participating in one of the University of Rochester's overnight hosting programs. By submitting this permission form, I agree that I will abide by all rules for overnight guests and event registrants as outlined by the Code of Conduct. I understand that violations of the Code of Conduct could result in the rescinding of my admissions decision.

Student's First Name \_\_\_\_\_

Student's Last Name \_\_\_\_\_

Student's Birthdate \_\_\_\_\_

**By signing or typing your name below, you certify that your signature was given freely and that you have read and understand the information outlined above.**

Student's Signature \_\_\_\_\_

### PARENT/ LEGAL GUARDIAN SECTION

I understand that my student ("Student") is applying for one of the University of Rochester's ("University") overnight hosting programs ("Program"). I, as Student's parent/guardian, understand and agree that while my student is participating in the Program:

**Permission:** Student has my permission to attend all parts of the Program.

**Risk Acknowledgment:** Participating in the Program involves a risk of injury or harm. All such risks are being assumed knowingly and voluntarily, including but not limited to those associated with travel to and from the University. The Program involves residing in campus housing, eating in dining facilities, using athletic facilities, receiving classroom instruction, and so carry the usual risks of such activities including, but not limited to, physical injury and/or illness from falls, insect or animal bites, athletic contact, transportation accidents, and food contamination.

**Health Status; Insurance:** Student is physically fit and in a condition that will allow them to participate fully and safely in the Program. Student has medical insurance that covers them for accidents and illnesses while participating in the Program. I understand that the University has not made, nor will make, any investigation into Student's physical fitness or ability to participate in the Program and the University relies on my statement of Student's physical condition. I assume full responsibility for payment of medical expenses not covered by insurance as incurred as a result of Student's participation in the Program.

**Emergency Treatment:** I grant the University permission to authorize emergency medical treatment as staff may deem appropriate and agree that such action by the University shall be subject to the terms of the liability release below. I understand and agree that the university assumes no responsibility for any injury or damage that might result from such emergency medical treatment.

**Image Consent and Release:** I understand and agree that the University may take pictures, videos, or make audio recordings of the Program. I hereby consent to the University's use of those that contain the name, voice, or likeness of the Student, for any purpose, at any time, and in any medium, without compensation to Parent or Student.

**Liability Release:** I hereby release and indemnify the University, its employees, officers, Trustees, and volunteers ("Releasees") from any and all liabilities, losses, claims, demands, costs, and expenses of any nature whatsoever arising out of any loss, personal injury (including death), or property damage, that I or Student may sustain, arising from Student's participation in the Program unless due directly to the gross negligence or willful misconduct of the Releasees. It is my express intent that this Agreement shall bind members of my and Student's family, estate, heirs, administrators, assigns, or personal representatives. I understand that Student's participation in the program is entirely voluntary, and I sign this document freely and voluntarily, having read and understood it.

**By signing or typing your name below, you certify that your signature was given freely and that you have read and understand the information outlined above.**

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