

Haverford College Visitation Policy and Release Form

This form is required for all overnight visits. Please complete this form and fax it to the Haverford Department of Athletics prior to your overnight stay (610-896-4220), and bring the original copy with you when you come for your visit.

Name of Student _____ **Date of Birth** _____

Date of Overnight Visit _____ **Cell Number** _____

Name of Parent/Guardian _____

Home Address _____

Business Address _____

Phone: Day _____ **Evening** _____ **Cell** _____

Please list any medical problems, allergies to medications, or other health-related issues you would like us to be aware of: _____

I give permission for my son or daughter (named above) to visit Haverford College. I hereby release, indemnify and hold harmless Haverford College, its trustees, employees, students, agents and assigns from any and all liability, damage, claim of any nature whatsoever, including claims for negligence, arising out of or in any way related to my son or daughter's participation in this visit to Haverford. I understand that this visit is undertaken by my son or daughter on a completely voluntary basis and that he/she is responsible for his/her actions while on campus. I agree that despite precautions, accidents, injuries and/or loss or damage of personal property may occur, and I assume all risks related to participation in this visit.

In case of emergency and if I cannot be reached, I, the undersigned parent or guardian of the above-named student, hereby authorize a representative of Haverford College to consent to any medical treatment or care deemed advisable.

I further agree that this release shall be construed in accordance with the laws of the Commonwealth of Pennsylvania. I agree that this release is intended to be as broad and inclusive as permitted under Pennsylvania laws so that if any term or provision of this Release is held invalid, the balance shall continue in full legal force and effect.

Before signing my name to this Release, I state that:

- 1) I have read the Release and accompanying Visitation Policy,
- 2) I understand them and know that I am giving up important rights,
- 3) I intend to be legally bound by this Release.

Signature of Student

Date

Signature of Parent/Guardian

Date

Sport

Visitation Policy

I am aware that although Haverford College has agreed to host me overnight, neither the Athletic Department nor any other office or personnel of Haverford College will be supervising me at all times during my stay on campus. Visiting students, like enrolled students, are responsible for their behavior as adults within the expectations described below.

I am aware that on-campus visitors are required to abide by Pennsylvania state law and adhere to the expectations of proper conduct that are held of students enrolled at Haverford College. I acknowledge that Pennsylvania law prohibits the drinking of alcoholic beverages by persons under 21 years of age and prohibits the use of illegal drugs.

Further, I understand that any inappropriate behavior or violation of this Visitation Policy during my campus stay will be considered by the Office of Admission.

Signature of Student

Date

Sport