## JUNIATA COLLEGE OVERNIGHT GUESTS CODE OF CONDUCT WAIVER OF LIABILITY/PERMISSION/MEDICAL RELEASE FORM

Welcome to Juniata College! We hope you learn more about the many aspects of the College while you are here. Please complete this important form, and please ask your parent or guardian to complete the portions of the form that pertain to them. We look forward to your visit.

Name of Student Participant		Date of Birth		
ome Address		Student's		
Cell				
Student Participant's Health Insurance Policy #		Carrier	Carrier	
Name of Parent/Guardian				
Parent Guardian Phone(s): Cell	Day	Evening		

## Visitation Guidelines for Overnight Guests of Juniata College:

- Guests should bring a sleeping bag, pillow and any necessary toiletries, clothing and a reasonable amount of spending money.
- Guests should bring some reading and/or homework.
- Guests should make Juniata's Office of Admission, Public Safety and the Health Services aware of any current or potential medical needs.
- Guests must provide proof of vaccination from COVID -19 satisfactory to the College prior to arriving on the Campus.

Juniata College requires that while you are a guest you assume the same responsibility for your own actions that Juniata College students have assumed. Please read the following statement and sign your name at the end of the document on page two reflecting you understand it and will abide by all terms.

I am aware that although Juniata College has agreed to host me overnight, neither the Office of Admission nor any other office or personnel of Juniata College will be providing constant supervision of my activities during my stay on campus. I also agree to abide by all College Policies regarding COVID, including any College masking Policy. I understand that visiting students are responsible for their behavior, and that conduct that does not follow those expectations may be considered in any evaluation of my application for admission.

## I understand my responsibilities are as follows:

- To abide by the laws of the Commonwealth of Pennsylvania and the student Code of Conduct of Juniata College.
- I acknowledge that Pennsylvania law prohibits all use of illegal drugs and prohibits the drinking of alcoholic beverages by persons under 21 years of age.
- To be responsible for all conduct and decisions regarding program participation and social activities.
- To respect the host's person, property and time (especially during sleep and study time).
- I understand that inappropriate behavior during my campus stay will be considered by the Office of Admission as a violation of the terms of participating in the program and will be considered in terminating the visit at the expense of my family.

**Important:** This form is <u>required</u> for any student participant staying overnight in a Juniata College residence. When you and your parent/guardian have completed both pages of this form, please email or fax them in advance of your visit. You will not be allowed to stay overnight without this form signed by a parent or guardian.

- Prospective students hosted by the Office of Admissions will return these forms to Pam Zilch at zilchp@juniata.edu or via fax to (814) 641-3100.
- Prospective student-athletes hosted by a Varsity Program should return these forms to the team's respective head coach via email or fax to the Athletic Department at (814) 641-3508.

Additionally, we ask that you bring the original with you to campus.

## **Overnight Visit Release**

of, from and against any and all liabili negligence on account of any person, Juniata College. I understand Release also understand this Release applies any other damages suffered by me or during the visit itself. In case of an elabove-named child, do hereby author deemed advisable. I further agree that Commonwealth of Pennsylvania. If ar	nsideration of my child's vation, trustees, employees ity and responsibility for a /entity during, arising out es do not assume any risk to all claims for property larmy child, now or in the fumergency, and if I cannot ize a representative of Julat this Release shall be cony term or provision of this remaining portions shall	visit, I hereby agrees, students, and othing claim or cause of or in any way as cor liability due to reloss, injury or illness ture, whether suffe be reached, I, the uniata College to construed in accordate Release shall be led on the corted.	ther agents (together, the "Releasees"), of action, including claims based on a sociated with my child's visit at my child's participation in this activity. It is see (including COVID-19), or death or a traveling to visit Juniata or andersigned parent or guardian of the ansent to any medical treatment or care ance with the laws of the held illegal, unenforceable, or in I have read and fully understand all the		
Before signing my name to this Releas	se, I state that:				
1) I have read the Overnight Visit Release Release form; 2) I understand that a current Juniata include the Global Village and gender 3) I understand and know that I am giv 4) I intend to be legally bound by this F	Eagle Ambassador will ho inclusive floors; ving up important rights; ar	est my student in an			
Signature of Parent/Guardian	_	 Date			
Signature of Student	_	Date			
Office Use Only					
Visit Date Program	Host	Regio	nal Dean		