

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 _____

Home Address _____ Student's Cell _____

Student Participant's Health Insurance Policy # _____ Carrier _____

Name on Health Insurance Policy _____

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 make Juniata's Office of Admission, Public Safety and the Health Services aware of any current or potential medical needs.

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 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 campus property and Juniata staff and student 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 **required** 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 Marissa Fouse at fousem@juniata.edu or via fax to (814) 641-3100.

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

Overnight Visit Release

I give permission for my student, _____ to visit and stay overnight at Juniata College, and give that permission by choice. In consideration of my child's visit, I hereby agree to release, indemnify and forever discharge Juniata College, its Corporation, trustees, employees, students, and other agents (together, the "Releasees"), of, from and against any and all liability and responsibility for any claim or cause of action, including claims based on negligence on account of any person/entity during, arising out of or in any way associated with my child's visit at Juniata College. I understand Releases do not assume any risk or liability due to my child's participation in this activity. I also 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, whether suffered in traveling to visit Juniata or during the visit itself. In case of an emergency, and if I cannot be reached, I, the undersigned parent or guardian of the above-named child, do hereby authorize a representative of Juniata 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. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected. I have read and fully understand all the provisions of the Permission/Release form. I have also read and agree to comply with the Visitation Policy described above.

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

- 1) I have read the Overnight Visit Release and accompanying Waiver of Liability/Visitors Code of Conduct/Medical Release form;
- 2) I understand that my student will reside in an on-campus residence hall with hall supervision provided by Juniata staff and students;
- 3) I understand and know that I am giving up important rights; and
- 4) I intend to be legally bound by this Release.

Signature of Parent/Guardian

Date

Signature of Student

Date

Office Use Only

Visit Date _____ Program _____ Building _____ Floor/Room _____