

Elizabethtown College Overnight Visit Release

The information collected on this form is confidential and will only be shared in an emergency.

Please bring your signed document along with you at the time of your visit. Your visit will not be able to proceed without the properly completed forms.

GUEST INFORMATION

Guest Name: _____ Date of Visit _____

Guest Address: _____

City: _____ State: _____ Zip: _____

Guest Cell: _____ Guest Date of Birth: _____

PARENT INFORMATION

Parent/Guardian Name: _____

Parent/Guardian Day Phone: _____ Evening Phone: _____

Parent/Guardian Cell: _____

EMERGENCY CONTACT INFORMATION

1st Emergency Contact Name: _____

Relation to Guest: _____ Cell Phone: _____

Day Phone: _____ Evening Phone: _____

2nd Emergency Contact Name: _____

Relation to Guest: _____ Cell Phone: _____

Day Phone: _____ Evening Phone: _____

INSURANCE INFORMATION

Insurance Company Name: _____

Policy/ID Number: _____ Group Number: _____

(EMS will be contacted and parents/guardians will be notified in the event of a medical emergency.)

PERSONS WITH DISABILITIES

Elizabethtown College is committed to providing full access to all courses, programs, services and activities. For questions concerning disability related accommodations for the overnight visit program, please contact Paula Orenstein, Senior Associate Director of Admissions at (717) 361-1400.

Vehicle Information

If you will have a car on campus overnight, please provide the following information:

Vehicle Make and Model: _____ Vehicle Color: _____

Plate Number and State: _____

WAIVER/RELEASE INFORMATION

In consideration for the permission granted by Elizabethtown College for this guest to participate in this Overnight Visit, on my behalf and on behalf of the guest and each of my and the guest's heirs, executors, and administrators, I hereby waive and release any and all causes of action, claims, suits, damages and judgments, in any form whatsoever, arising from or by reason of any and all known or unknown, foreseen and unforeseen bodily or personal injuries (including death) or property damage, resulting from the guest's participation in the Overnight Visit and related activities, against Elizabethtown College, and their employees, administrators, trustee, volunteers, and agents.

In witness whereof, and intending to be legally bound, I have executed this document below.

Parent/Guardian Signature: _____ Date: _____