

**BRYN MAWR COLLEGE**  
**WAIVER OF LIABILITY/PERMISSION/MEDICAL RELEASE FORM**

**NOTE: An overnight waiver must be sent *in addition to your registration*. Please be sure to fill out the online registration or call the office so that may schedule your overnight visit.**

This form is necessary for any student staying overnight in a Bryn Mawr College residence. Please complete this form, fax it in advance to the Overnight Coordinator at (610) 526-7471, and bring the original with you to campus. **You will not be allowed to stay overnight without this form, signed by a parent or guardian.**

Bryn Mawr College requires that while you are a guest you assume the same responsibility for your own actions that Bryn Mawr College students have assumed. Please read the following statement and sign your name at the end of the document reflecting that you have understood it.

**I am aware that although Bryn Mawr College has agreed to host me overnight, neither the Office of Admissions nor any other office or personnel of Bryn Mawr College will be providing constant supervision of my activities during my stay on campus. Visiting students, similarly to enrolled students, are responsible for their behavior as adults within the expectations described below.**

**I am aware that participants in on-campus visitation programs are required to abide by the laws of the Commonwealth of Pennsylvania and the student code of conduct that governs students enrolled at Bryn Mawr College as stated on the Bryn Mawr College website at <http://www.brynmawr.edu/campuslife/honorcode.shtml>. 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.**

**Further, I understand that any inappropriate behavior during my campus stay will be considered by the Office of Admissions.**

**Visitation Guidelines for Overnight Guests of Bryn Mawr 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 to occupy themselves during downtime when their hostess may be doing homework.
- Guests should make the Office of Admissions, Public Safety and the Health Center aware of any potential medical needs.
- Guests are permitted to take the Blue Bus to Haverford and Swarthmore for tri-co sponsored events, classes and social events where alcohol is not being served.
- Guests are permitted to walk around the town and are encouraged to visit the local shops and restaurants.
- Guests are not permitted to be transported by any means other than Blue Bus or Campus Van.

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Business Address \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Where can parent/guardian be reached while you are at Bryn Mawr College (if different from above)? \_\_\_\_\_

Health Insurance Policy # \_\_\_\_\_ Carrier \_\_\_\_\_

I give permission for my daughter, the student participant named above, to visit Bryn Mawr College from \_\_\_\_\_ (date of arrival) to \_\_\_\_\_ (date of departure).

I release and give up all claims, including claims for negligence, I now have or may have in the future against Bryn Mawr College, its agents and employees including Board of Trustees, Administration, Faculty, Staff and Students (“Releasees”) arising out of my daughter’s participation in the following activity:

**Overnight Admissions Visit**

I also understand that the activity set forth above is undertaken by my daughter on a completely voluntary basis. I make this decision by choice and my daughter’s participation in this activity is undertaken knowing that risks may be involved. These risks include but are not limited to, property loss or damage and physical or emotional injury, temporary or permanent, and death. I voluntarily assume the risks of these dangers by choosing to have my daughter participate in this activity. I understand Releasees do not assume any risk or liability due to my daughter’s participation in this activity. I understand this Release applies to all claims for property loss, injury or illness, or death or any other damages suffered by me or my daughter, now or in the future, whether suffered in traveling to the activity or during the activity itself. In case of an emergency and if I cannot be reached, I do hereby authorize a representative of Bryn Mawr College to consent to any medical treatment or care deemed advisable for my child.

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 governing this Release, the validity of the remaining portions shall not be affected thereby.

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

- 1) I have read the Release and accompanying Visitation Guidelines for Overnight Guests,
- 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 Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date