

## UNIVERSITY OF PORTLAND

### Overnight Visitation Form

#### Participant Agreement and Release of Liability

In exchange for the University allowing participation in the University's Overnight Visitation program, \_\_\_\_\_, ("Participant")(and parent or guardian of Participant if Participant is under 18 years of age), agree to the following:

*Participant (and parent/guardian if Participant is under 18) initial each item*

- \_\_\_\_ 1. Participant will remain on the University campus at all times unless given advance written permission to leave campus from Jason McDonald.
- \_\_\_\_ 2. Participant will abide by University policies prohibiting illegal substances, alcohol, cohabitation, destruction of property, and behavior that interferes with the rights and property of others.
- \_\_\_\_ 3. Participant will abide by all other University rules of conduct or directives.
- \_\_\_\_ 4. Participant and Participant's parent/guardian (if Participant is under 18) understand and agree that any violation of any University rule, policy, directive, or regulation may result in disciplinary action, including but not limited to immediate dismissal from the campus, withdrawal of permission to participate in the Campus Visit, and notification of a parent or guardian. (Notification of a parent or guardian may occur regardless of whether Participant is under 18 years of age.)
- \_\_\_\_ 5. Participant and Participant's parent/guardian (if Participant is under 18) are aware that accidents or injuries may occur as a result of Participant's participation in the Overnight Visitation program. **PARTICIPANT AND PARTICIPANT'S PARENT/GUARDIAN (IF PARTICIPANT IS UNDER 18) AGREE THAT THE UNIVERSITY SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY PERSONAL INJURY, OTHER INJURY, DAMAGE, LOSS, OR EXPENSE, EITHER TO PARTICIPANT OR PARTICIPANT'S PROPERTY, WHETHER OR NOT SUCH INJURY IS CAUSED BY NEGLIGENCE.**
- \_\_\_\_ 6. Should an accident or other medical emergency occur during the Overnight Visitation, and the responsible University staff members are unable to timely reach Participant's parent or guardian for medical authorization and Participant is under 18 or unable to give medical authorization, Participant and parent/guardian (if Participant is under 18) hereby give consent for University staff members to authorize necessary hospitalization and medical treatment, including, but not limited to, injections, anesthesia, surgery, and medication.

Participant and Participant's parent/guardian represents that Participant has current medical insurance coverage and agrees to be responsible for any and all billings and debts incurred with respect to such medical treatment or services.

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Printed full name of Participant

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Signature of Participant and Date

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Printed name of parent/guardian  
(if Participant is under 18)

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Signature of parent/guardian and Date  
(if Participant is under 18)

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Phone number where Parent/Guardian can be reached

**For Internal Use Only**

Hosts Full Names \_\_\_\_\_

Hosts Hall and Room # \_\_\_\_\_

Hosts Cell Numbers \_\_\_\_\_

Date of Overnight \_\_\_\_\_