Newberry College Office of Admission 2100 College St Newberry, SC 29108 Phone: (803) 321-5127

Phone: (803) 321-512 Fax: (803) 321-5138



Overnight Visit Consent Form

Thank you for your interest in Newberry College. Overnight visits are an excellent opportunity for you to learn more about life at Newberry. We urge you live, learn, eat, and sleep—just like a Newberry College student—and we hope you leave with a better understanding of Newberry College. As a guest, Newberry College requires that you assume the same responsibility for your own actions that Newberry College students have assumed. Please read the following statement and sign your name to indicate that you understand the statement. If you do not understand the statement or how it applies to you, please ask a member of the Office of Admission staff to explain it before you sign.

Visitation Agreement

I am aware that although Newberry College has agreed to host me overnight, neither the Office of Admission nor any other office or personnel of Newberry College will be supervising me at all times during my stay on campus. Visiting students, like enrolled students, are responsible for their behavior as adults within the expectations described below. I am aware that participants in on-campus and off-campus activities included in visitation programs are required to abide by South Carolina state law and all Newberry College policies which govern students enrolled at Newberry College and can be found here: http://www.newberry.edu/policies.aspx. I acknowledge that South Carolina law prohibits all use of illegal drugs and prohibits the drinking of alcoholic beverages by persons under 21 years of age. Any violation of the rules stated above or any damage to Newberry College property may impact my admission to Newberry College and may result in criminal charges.

Please complete the following:

- Please print and retain this page for your records.
- Complete the second page with your parent/guardian and return it to the Office of Admission via fax to (803) 321-5138, scan and email to admission@newberry.edu, or bring with you on the day of your visit.

We must have this completed form to allow you to stay overnight.

Permission/Medical Release Form

This form is required for any student visiting overnight. Please complete the form. You may fax it to (803) 321-5138, scan and email it to admission@newberry.edu. You will not be allowed to stay overnight without this form.

Name of Student:
Home Address:
Date of Birth:
Student Cell Phone:
Name of Parent/Guardian:
Day Phone:
Cell Phone:
Evening Phone:
EMERGENCY CONTACT (IF PARENT/GUARDIAN CANNOT BE REACHED):
Name:
Relationship:
Day Phone:
Cell Phone:
Evening Phone:
ALLERGIES/MEDICATIONS/SPECIAL MEDICAL CIRCUMSTANCES:

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I give permission for my son/daughter named above to visit Newberry. I hereby release, indemnify, and hold harmless Newberry College, its trustees, officers, agents, and employees from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my child's participation in this visit to Newberry. In case of an emergency and if we cannot be reached, we the undersigned parent or guardian of the above-named child, do hereby authorize a representative of Newberry College to consent to any medical treatment or care deemed advisable.

Signature of Parent/Guardian:	Date:
-	er's photograph is taken during the course of campus events, I se my son/daughter's photograph on their website or in their
Initial of Parent/Guardian: Dat	e:
I have read and fully understand all the procomply with the Visitation Agreement.	ovisions of this Permission Form. I have also read and agree to
Signature of Student:	Date