

## Oberlin College Overnight Visit Policy

This form is required for all visiting students. Please complete the form and mail or fax (fax# 440-775-6905) it to the attention of the Campus Visit Office so that it arrives at least 3 business days prior to your visit. ***You will not be permitted to stay overnight without this form.***

For Students:

As a guest, Oberlin College requires that you assume the same responsibility for your actions that Oberlin 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 Admissions staff to explain it to you before you sign:

I am aware that although Oberlin College has agreed to host me overnight, neither the Office of Admissions nor any other office or personnel of Oberlin College will be supervising 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 visitation programs are required to abide by Ohio state law and the rules and regulations of student conduct that govern students enrolled at Oberlin College. I acknowledge that Ohio law prohibits the drinking of alcoholic beverages by persons under 21 years of age as well as all use of controlled substances.

Further, I understand that the Office of Admissions will consider any negative behavior during my campus stay when reviewing my application for admission. Any violation of the rules stated above or any damage to Oberlin property may impact my application to Oberlin College.

For Parents:

I give permission for my child named below to visit Oberlin College. I hereby indemnify and hold harmless Oberlin College, its agents and employees including board of managers, directors and officers. I release and give up all claims, including claims of negligence, I may have in the future against the Party Released that arise out of my child's participation in this activity.

In case of emergency and if I cannot be reached, I the undersigned parent or guardian of the below-named child, do hereby authorize a representative of Oberlin College to consent to any medical treatment or care deemed advisable.

I have read and fully understand all the provisions of the Permission/Release form.

