

# Oberlin Overnight Program Responsibility Acknowledgment Form

This **Responsibility Acknowledgement Form** must be signed and submitted **no later than one week before the program start date to participate.**

Please review the following information, sign the form, and email it to [joann.hazlett@oberlin.edu](mailto:joann.hazlett@oberlin.edu) or fax to 440-775-6905 to the attention of Joann Hazlett. High quality cell-phone pictures of the signed document emailed to the above address is also acceptable. ***You will not be permitted to participate in the program without the submission of this form.***

## Overnight Visit Policy

Oberlin College requires that guests assume the same responsibility for their actions that Oberlin students have assumed. **Please read the following statements and sign your name to indicate that you understand them:**

### For Students:

I am aware that although Oberlin College has agreed to host me for one night, neither the Office of Admissions nor any other office or personnel of Oberlin 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 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 named child, do hereby authorize a representative of Oberlin College to consent to any medical treatment or care deemed advisable.

**PLEASE KEEP THIS SHEET FOR YOUR RECORDS.** If you do not understand these statements or how they apply to you, please ask a member of the Admission staff to explain them **BEFORE** you sign.

**I have read and fully understand the provisions of the Responsibility Acknowledgement Form and the Overnight Visit Policy:**

---

Student Printed Name	Signature of Student (required)	Date
----------------------	---------------------------------	------

---

Parent/Guardian Printed Name	Signature of Parent/Guardian (required)	Date
------------------------------	---	------