## **Oberlin College Overnight Visitation Policy**

The Office of Admissions must receive the completed **Oberlin College Visitation Permission/Release Form** at least 3 business days prior to the scheduled overnight date. This form is required for all visiting students staying overnight on the Oberlin College campus. If you have made your own arrangements to stay with a friend or relative, please contact the Campus Visit Office at 800-622-6243 to register your visit at least 5 days in advance. For student athletes scheduling overnight stays through the Department of Athletics, please work directly with the individual coaches to complete your registration.

You will not be permitted to stay overnight in campus housing without submission of the Visitation Permission form prior to your arrival.

## For Students:

As a campus 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 me during my stay on campus. Visiting students, like enrolled students, are responsible for their behavior and are expected to behave 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 consumption 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 Parent or Guardian: A parent signature is not required for students 18 years of age or older.

I give permission for my child named on the Visitation Permission/Release Form 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 belownamed child, do hereby authorize a representative of Oberlin College to consent to any medical treatment or care deemed advisable.

Return completed VISITATION PERMISSION/RELEASE FORM to Oberlin College:

Email: Campus.Visit@oberlin.edu

Fax: (440)775-6905

Mail: Office of Admissions, Campus Visit Office, 101 N. Professor St, Oberlin, OH 44074

## **OBERLIN COLLEGE VISITATION PERMISSION/RELEASE FORM**

Signature of Parent/Guardian		Date	
STUDENT: I have read and agree to comply with the Overnight Visitation Policy for Oberlin Coll			
Signature of Student		Date	
Name of Student (Please print): _			
Birthdate:	Email Address:		
Address:Street address	City	State	Zip
Home Telephone:	Cell Number:		
High School:			
List special medical conditions, and	ergies to medications, etc.:		
Name of Parent/Guardian:			
Name of Parent/Guardian: Parent Address: Street address	City	State	Zip
Name of Parent/Guardian:	City Cell Number:	State	Zip
Name of Parent/Guardian:  Parent Address:  Street address  Home Telephone:  Work or Daytime telephone:	City  Cell Number:	State	Zip
Name of Parent/Guardian:  Parent Address:  Street address  Home Telephone:  Work or Daytime telephone:	City  Cell Number:	State	Zip
Name of Parent/Guardian:  Parent Address: Street address  Home Telephone:  Work or Daytime telephone:  Emergency Contact (if parent/guant)	City  Cell Number:  ardian cannot be reached):	State	Zip
Name of Parent/Guardian:  Parent Address: Street address  Home Telephone:  Work or Daytime telephone:  Emergency Contact (if parent/guant)  Name:  Home Telephone:	City  Cell Number: ardian cannot be reached):  Relationship: Cell Number:	State	Zip
Name of Parent/Guardian:  Parent Address: Street address  Home Telephone:  Work or Daytime telephone:  Emergency Contact (if parent/guardian)  Name:  Home Telephone:	City  Cell Number: ardian cannot be reached):  Relationship: Cell Number:	State	Zip