



PROVIDENCE
COLLEGE

**Providence College – Office of Undergraduate Admission
Voluntary Waiver Form:**

Parent/Guardian Assumption of Risk & Indemnity Agreement & Health Insurance Certification

At least two business days prior to the student's arrival date, we must receive a completed copy of this form either by mail to 1 Cunningham Square Harkins Hall, Providence, RI 02918, e-mail to kvargas@providence.edu or by fax at 401.865.2826.

One copy must be kept in the visiting student's possession at all times during his/her visit. Students cannot participate in the Overnight Hosting Program ("the Program") unless they have completed this Form.

Participant Information:

Name _____ Male ___ Female ___ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

Student's Cell # _____ Email address _____

Special needs, if any (e.g., food allergy, medication) _____

Medical Insurance Provider & Policy # _____

Parent/Guardian Name & Address _____

Home Phone _____ Emergency Phone _____ Cell Phone _____

Participant Expectations:

As an invited student, we are asking you to agree to the basic, common-sense guidelines and/or rules listed below:

- Invited students must honor all commitments made to the Night in Friartown Program, specifically regarding meeting times and locations.
- Invited students may not leave campus under any circumstances.
- Invited students may not possess or consume alcohol or illegal drugs nor may they provide alcohol or illegal drugs to anyone.
- Invited students are expected to abide by all applicable College policies and the Community Standards Code of Conduct as outlines in the *Student Handbook*.
- Invited students are asked to be respectful of their host, their host's belongings and their host's living space.
- Invited students are asked to be respectful of the faculty, staff and other students that they may encounter while at Providence College.
- Invited students must abide by any and all directives and notices issued by College authorities (e.g., the Office of Admission and the Office of Safety and Security) on the day of their visit to campus.

Agreement and Certification:

I hereby give the above-named child permission to participate in the Program at Providence College on Friday, April 7 – Saturday, April 8, 2017. I understand that as a Program participant, my child's behavior must conform to high standards of conduct. I understand that my child's responsibilities are as follows:

- To bring a sleeping bag, toiletries and other travel items necessary for an overnight visit;
- To pay for any and all expenses not covered by Providence College (meals & entertainment are covered);
- To respect the fact that his/her host may have additional responsibilities and commitments during the visit;
- To act responsibly and lawfully during the entirety of the Program; and,
- To comply with all rules and procedures promulgated by the Program, specifically those listed in the section entitled *Participant Expectations*.

On behalf of myself, my child, and our assigns, executors and heirs, I hereby release, discharge, covenant not to sue, and agree to indemnify and hold harmless, Providence College, its trustees, officers, agents, and employees, from any and all liability, damage, and claims of any nature arising from or in any way related to my child's participation in this Program, including while travelling to and from the College campus. I certify that my child is covered by a health insurance plan for any injury or accident that may occur while participating in or in conjunction with this Program and that such insurance plan shall constitute the medical coverage for treatment if an accident or injury occurs and that Providence College will not assume responsibility for such costs. If my child requires emergency medical treatment, I hereby consent to such treatment.

Parent/Guardian Name Printed _____

Parent/Guardian Signature _____ Date _____

Guest/Child/Student Signature _____ Date _____

Authorization to Record/Photograph and Release:

By my signature below, I hereby grant to Providence College the irrevocable and unrestricted right to videotape, audiotape, and/or photograph my child while participating in this Program, and to use, reproduce, copy, exhibit, publish, broadcast, transmit, or distribute recordings or photographs, in whole or in part, for educational and/or promotional purposes at its discretion. I waive any right to compensation arising from or related to the educational and/or promotional use of recordings or photographs and I understand that all original media remain the property of Providence College. I agree to release and hold harmless Providence College from and against any claims, damages, or liability arising from or related to the use of recording or photographs, including but not limited to any re-use, distortion, blurring, or alteration, that may occur in production of the finished product.

Parent/Guardian Signature _____ Date _____