



**OVERNIGHT STAY
EMERGENCY INFORMATION/MEDICAL RELEASE/LIABILITY
WAIVER FORM**

This form is necessary for any prospective student staying overnight in a Scripps College residence. Please complete both pages of this form and bring it with you to campus. The prospective student will not be allowed to stay overnight without this form signed by a parent or guardian. Please fill out the requested information completely and list any additional information that may be important should an illness or injury occur.

PARTICIPANT INFORMATION

Student's Name _____	Date of Birth _____
Home Address: _____ _____	Home Phone Number _____
_____	Cell Phone Number _____

FAMILY INFORMATION/EMERGENCY CONTACTS

Parent/Guardian Name _____	
Relationship to Student _____	
Home Address (if different from above)	_____
Home Phone Number (if different from above)	_____
Cell Phone Number	_____
Place of Employment	_____
Work Phone Number	_____
Additional Emergency Contact	
Name _____	
Relationship to Student _____	
Phone Number _____	

MEDICAL TREATMENT CONSENT: In the event that neither I nor the additional designated emergency contact can be reached, I authorize and consent to medical, surgical, hospital care, treatment and procedures which is/are deemed immediately necessary by the treating physician to safeguard my child's health.

Parent/Guardian's Signature

Date

Parent/Guardian's Printed Name



OVERNIGHT STAY LIABILITY WAIVER FORM

NAME OF ACTIVITY: **Scripps College Prospective Student Overnight Stay**

NAME OF PARTICIPANT _____

DATE OF BIRTH _____

ADDRESS _____

CITY, STATE, ZIP _____

I am the parent/guardian of (participant name) _____ (the "Participant"). I acknowledge that I have voluntarily consented to allow the Participant to participate in the above-referenced activity and I have full knowledge of the risks that this activity presents, including travel to, participation in, and returning from the activity. I am aware that portions of this activity are not guided or supervised by the College.

I as parent/guardian agree on behalf of the Participant to assume any and all risk of injury or death to the Participant. I understand and agree that as a condition of participation in this activity, I as parent/guardian of the Participant and on behalf of the Participant hereby release from liability and will indemnify, Scripps College, its officers, trustees, agents, employees, assigns, successors, or lessors (the Scripps Releasees") for any damage, injury, or death to the Participant, or any other persons or property, that results from any negligence, but not gross negligence, of any Scripps Releasee that is in any way connected with the Participant's participation in this activity.

I have carefully read this agreement and fully understand all of its terms and conditions. I understand that this is a release of liability, which could legally prevent me and/or the Participant from filing a law suit or making any other legal claim for damages in the event of the Participant's death or injury. With this knowledge, I, in my individual capacity and my capacity as parent/guardian of the Participant, am entering into this agreement fully and voluntarily. I agree that the agreement is binding upon me, my spouse, my heirs, my children including any guardian ad litem for the children, my assignees, and legal representatives. I understand and agree that I am signing this waiver and release on behalf of my minor child that I am giving up rights for the minor child.

Parent/Guardian's Signature

Date

Parent/Guardian's Printed Name