

Overnight Housing Waiver Form

I / We the parent(s) / guardian(s), _____,
Print parent/guardian name

give permission for _____ to attend and participate in all
Print student name

activities of the Overnight Housing Program at Georgian Court University.

I / We assume full responsibility for her during this visit and we release Georgian Court of all liability.

Signature of parent or guardian

Date

I agree to participate in the Overnight Housing Program to its fullest extent by attending all scheduled activities, meals and classes. In addition, I agree to abide by the policies and procedures of Georgian Court. I understand that I am not permitted to have visitors while I'm on campus, to leave the campus with anyone during the Overnight Housing Program, or to consume any alcohol or other drugs. I also understand that if there are concerns while I am attending the Overnight Housing Program that the Residence Life Staff will contact my parent(s) or guardian(s) to report the concerns and to pick me up.

Signature of the student

Date

(Complete and bring this form with you. You will not be permitted to stay on campus without this form.)