

Overnight Visit Policy for Christendom College

This form is required for all visiting students. Please complete the form and mail or fax it to the Admissions Office at least 3 days prior to your visit. **You will not be allowed to stay overnight without this form.**

For Students:

As a guest, Christendom College requires that you assume the same responsibility for your actions that Christendom 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 Christendom College has agreed to host me overnight, neither the Office of Admissions nor any other office or personnel of Christendom 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 Virginia state law and the rules and regulations of student contact that govern students enrolled at Christendom College. I acknowledge that Virginia 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 any negative behavior during my campus stay will be considered by the Admissions Office. Any violation of the rules stated above or any damage to Christendom property may impact my application to Christendom College.

For Parents:

I give permission for my child named below to visit Christendom College. I hereby indemnify and hold harmless Christendom College, its agents and employees including administrators, 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 below-named child, do hereby authorize a representative of Christendom College to consent to any medical treatment or care deemed advisable.

I have read and fully understand all the provisions of the Permission/Release form. I have also read and agree to comply with the Visitation Policy described above.

Signature of Parent/Guardian

Date

Signature of Student

Date

Name of Student: _____ Date of Birth: _____

Home Address: _____

Phone Number: _____ High School: _____

List special medical problems, allergies to medications, etc.:

Name of Parent or Guardian: _____

Home Address: _____

Business Address: _____

Daytime Phone Number: (_____)_____

Evening Phone Number: (_____)_____

Date(s) of Overnight Visit _____