

Believe. Inspire. Achieve.
Barton College, Office of Admissions, PO Box 5000, Wilson, NC 27893

Overnight Visit Waiver and Authorization Form

Thank you for your interest in Barton College! We are glad you are taking the opportunity to experience life on campus through our overnight visit program. In order to complete your request for an overnight visitation, please complete the attached form and return it to the Office of Admissions by mail, in the business reply envelope included with this form, or by fax to (252) 399-6572, at least one week prior to your visit.

Once your form has been received, we will match you with a current Barton College Student Ambassador who will serve as your host during your stay on campus. If an event occurs that requires you to cancel your visit, please let us know by calling the Office of Admissions at (800) 345-4973 or Angela Zimmerman at (252) 399-6318.

Please review, complete, and sign all three sections of this form. The completed form should be returned to the Barton College Office of Admissions at least one week prior to the start of your stay. Your visit is not confirmed until this form is received. If you require any special accommodations during your visit, please call our office at 252-399-6318 at least one week in advance.

For your stay with us, please remember to bring the items listed below. Note: Our Student Ambassador hosts' have a private, single room with two beds.

- Pillow
- Sleeping bag or twin sheet set and blankets
- Change of clothes
- Toiletries
- Towel, wash cloth, shower shoes (i.e. flip flops)
- Petty Cash (for snacks, etc.)
- Emergency contact information and copy of insurance card

Barton College Overnight Campus Visit Authorization Form

Attn: Angela Zimmerman

This form is necessary for any visiting student. You will not be allowed to stay overnight without a completed form on file.

I. Contact Information

Name of Student: _____ Date of Overnight: _____

Home Address: _____ City, State, Zip: _____

Home Phone: _____ Student's Cell Phone: _____

Special medical problems, allergies to medications, special dietary needs, etc.: _____

Name of Emergency Contact Parent/Guardian (available 24 hours): _____

Parent/Guardian Cell Phone: _____ Alternate Phone: _____

Additional contact person should an emergency occur: _____ Phone: _____

II. Medical Release/Permission

Before medical service can be performed for a Student under 18 years of age, permission of the parent or guardian must be secured. In the event of an emergency involving serious illness or accident, every effort will be made to contact parents or guardians. However, in the case of emergency and if the parent or guardian cannot be reached, I the undersigned parent or guardian of the above named student do hereby authorize an emergency medical provider to consent to any medical treatment or care deemed advisable until a parent or guardian can be reached.

III. Parent/Guardian Acknowledgement

I understand that College staff and students will not supervise or chaperone my student during this visit, and that my student is responsible for all conduct and decisions regarding program participation and social activities.

I understand that the College does not provide health or other insurance to me or my student, and that I will be responsible for the entire cost of any medical services that might be necessary for my student during or associated with his or her stay at the College.

In consideration of my student being allowed to attend the overnight visit, the visiting student and their parent or guardian, assumes all risks of such participation, including but not limited to all physical activities, facilities, and all private transportation provided or required by Barton College. Participant further agrees that neither Barton College nor its employees, officers, trustees or agents shall be liable for any claims, demands, actions, or causes of action arising out of or in any way connected with the participant's participation in the tour, specifically including, but not limited to, liabilities, claims, demands, actions or causes of action relating to bodily injury and illness (including death) and property damage suffered by the participant. Therefore, Participant, and the heirs and assignees of all the foregoing, does hereby forever release, discharge and hold harmless Barton College, as well as its trustees, officers, employees, and agents, from all such liabilities, claims, demands, actions, or causes of action.

I further agree to pay any financial costs associated with damages caused to Barton College property or any property, which my student has caused during the course of their visit.

Student and their parent or guardian execute this Release and Waiver of Liability for full, adequate and complete consideration, fully intending for the agreement to be binding on the student, and the student's family, estate, heirs, administrators, personal representatives, and assignees. Student and their parent or guardian attests that they have read the above and I declare that my answers and statements are correctly recorded, complete, true to the best of my knowledge and I voluntarily sign this agreement.

I UNDERSTAND THIS IS A RELEASE OF LEGAL RIGHTS AND AFFIRM I HAVE READ
UNDERSTAND THIS DOCUMENT BEFORE SIGNING.

Signature of Parent/Guardian

Relationship to Participant

Date

Signature of Student

Date

IV. Photographic Release

Participant hereby grant and convey unto Barton College all rights, titles, and interest in any and all photographic images containing Student's image or likeness, in video, or audio recordings made by Barton College, including, but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

Student's Initials

Parent or Guardian's Initials

V. Expectations

Overnight visits are a great opportunity for you to learn more about the College, so we hope you will enjoy your time as you explore the academic, social, and residential life at Barton. We are pleased you have decided to participate in this program and we hope you enjoy your stay.

As a guest of the College, you are required to abide by the same rules and regulations that govern the conduct of current Barton College students. So that you get the most from your visit, the following conditions apply:

- I am aware that although Barton College has agreed to host me overnight, neither the Admissions Office staff, Barton student, nor any other office or personnel of Barton College will be supervising me at all times during my stay on campus. Visiting students, like enrolled students are responsible for their behavior.
- I am aware that participants in on-campus visitation programs are required to abide by North Carolina state law and the rules and regulations of the student conduct that govern students enrolled at Barton College. Violations of state law and campus regulations will be handled by the appropriate governing authorities.
 - I will respect the College's Housing and Student Code of Conduct policies and procedures.
 - I will respect the Residence Hall Community by not causing disruptions or disturbances.
 - I will respect the rights and property of others.
- Your host is a student volunteer; please respect his or her personal property and time, including time for sleep, study and classes. We encourage you to follow your schedule as given.
 - I will treat my Student Ambassador host and other Barton College students, faculty, and staff with courtesy and respect.
 - I will respect my Student Ambassador host's living space and his/her belongings as well as those of their suitemates.
- I acknowledge that North Carolina law prohibits the drinking of alcoholic beverages by persons under 21 years of age as well as the use of drugs or controlled substances by persons of any age. As stated above, violations of this or any North Carolina state law will be handled by the appropriate authorities.
 - I will not bring to the College, purchase during my visit, or consume any alcoholic beverages or illegal substances.
- I understand that any inappropriate, negative, or illegal behavior on your part during your campus visit will be considered by the Admissions Office, and may impact your status as an applicant or admittee to Barton College.
- I agree to abide by these expectations during my stay at Barton College. If I do not do so, I understand that the Admissions Office and/or Residence Life staff has the ability to terminate my stay at any time, at which I will be sent home, or my parent or guardian will be called to pick me up.

I have read these Expectations and I understand and accept the conditions associated with my on-campus stay.

Signature of Student	Printed Name of Student	Date
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As a parent/guardian, I agree that I have discussed these Expectations with my student as well as any personal guidelines I expect my son/daughter to follow.

Signature of Parent/Guardian	Printed Name of Parent/Guardian	Date
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