

William Paterson University Campus Visit Authorization & Waiver Form

FORM MUST BE COMPLETED FOR ALL PARTICIPANTS

Please review, complete, and sign the form/waiver/medical history which are on the front and back of this sheet. The completed form should be returned to William Paterson University prior to or during the beginning of the event.

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1. EMERGENCY AUTHORIZATION FORM

I/We _____ are the parent(s) (custodial parent) or guardian(s) of _____ who is the participating in the **Pioneer for a Day Campus Visitation Program** at William Paterson University. In the event I/We authorize the Admissions Representative or the acting person in charge of the visitation program, as well as medical staff at The Counseling, Health & Wellness Center or St. Joseph's Hospital-Wayne, to make decisions regarding the emergency care or treatment of _____, _____ to _____, the dates of the visit.

Date Signature of Parent or Guardian Date Relationship to Participant

Date Signature of Parent or Guardian Date Relationship to Participant

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2. WAIVER OF LIABILITY FORM

In consideration of the use of certain William Paterson University facilities, the undersigned understands that as the parent(s) or the guardian(s) of the participant, he/she/they is/are assuming full risk of injury arising from the use of these facilities.

Any personal belongings that _____ brings with him/her to William Paterson University is at his/her risk and is not the responsibility of William Paterson University. Further, these items are NOT covered by William Paterson University insurance coverage.

I/We understand and agree that William Paterson University and Admissions personnel will provide _____, my/our child or ward, with instructions in any limitations to his/her participation as disclosed by the medical history report form. Neither William Paterson University nor any of the Admissions personnel shall be responsible for any injury or damage except that caused by the sole negligence of William Paterson University or its personnel.

By signing below I/We expressly agree to be bound by the terms and conditions of this agreement.

Date Signature of Parent or Guardian Date Relationship of Participant

Date Signature of Parent or Guardian Date Relationship to Participant

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OVER

3. EXPECTATIONS

1. I will follow all the University Housing policies and procedures
2. I will respect the rights and property of others. I will respect the community by not causing disruptions or disturbances.
3. I will treat my student host and other William Paterson students, faculty and staff with courtesy and respect.
4. I will remain with my host during the duration of my visit.

I, undersigned, agreed to abide by these expectations during my stay at William Paterson University. I understand that the Admissions Office has the ability to terminate my stay at any time, at which time I will be sent home or my parent guardian will be called to pick me up.

Date Signature of Student

4. MEDICAL HISTORY

It is the aim of William Paterson University to have each participant enjoy as complete and experience as is possible within his/her capabilities. Your medical history will provide essential information needed to meet that goal. The history is required primarily to determine what adjustments, if any, should be made in schedules of activities to meet the individual needs of participants, and that the participant may safely participate in those activities. The information will also be used in the event of any participant injuries.

EMERGENCY CONTACT (AVAILABLE 24 HOURS)

LAST NAME, FIRST, MIDDLE	RELATIONSHIP	TELEPHONE
HOME STREET ADDRESS	ADDITIONAL ADDRESS	
HOME CITY, STATE, ZIP	CITY, STATE, ZIP	ADDITIONAL TELEPHONE

List any medication that the student is receiving regularly: _____

List any food or drug that the student is allergic to: _____

List any health or personal concerns that William Paterson University should be aware of in regards to the student: _____

I declare that my answers and statements are correctly recorded, complete and true to the best of my knowledge and belief.

Date Signature of Parent or Guardian Date Relationship to Participant

Date Signature of Parent or Guardian Date Relationship to Participant