

LIABILITY RELEASE FORM

On this _____ day of _____, 200____, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Franciscan University of Steubenville, and any of its' employees or agents representing or related to the University as regards to Campus Guest Visitation and Overnight Housing. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for this event. The undersigned further agrees to abide by all the rules and regulations promulgated by Franciscan University of Steubenville and/or its' affiliate groups and vendors throughout the Campus Visit.

Guest Name (please print)

Date signed

Signature of Guest Participant

Signature of Parent/Guardian (if under 18)

Please sign both sides of this form

EMERGENCY MEDICAL RELEASE FORM

I _____, give permission to my son/daughter, to visit Franciscan University of Steubenville on the _____ day, of _____, 200____. *(date of visit)*

If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve Franciscan University of Steubenville of all responsibility and consequences that may arise as a result of this treatment. I will not hold Franciscan University of Steubenville liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

My son/daughter agrees to abide by all the rules and regulations stated by Franciscan University of Steubenville staff including Admissions and Residence Life staff. I understand that while visiting the campus my son/daughter is unchaperoned during their visit, in like manner as any University student. I understand that Franciscan University of Steubenville will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate termination of their visit and all expenses in returning them home will be my expense.

Parent's signature

Guest Signature

In case of emergency, please contact:

Name: _____ and/or Name: _____

Phone: _____ Phone: _____

(work/cell) _____ (work/cell) _____

Family Physician: _____ Phone # _____

Allergies: _____

Current Medications: _____

Medical History: _____