

**Campus Visitation Program Consent Form**

The Office of Admission’s Campus Visitation Program, which includes but is not limited to overnight hosting, on-campus programs, transportation to and from the event, and transportation while on campus, is conducted in accordance with Illinois College rules and regulations, including its student conduct rules, as well as Illinois law. This form will assure our mutual awareness of our expectations and your responsibilities as a visiting student.

Please complete the statement below and returnto your counselor on the day of departure. If you are under 18 years of age, your parent’s consent to participate in an overnight visit, or transportation provided by the College is required.

**Student’s Full Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Visiting prospective students, like enrolled students, are responsible for their behavior, including compliance with the expectations described below.

I understand that neither the Office of Admission nor any other office or personnel of Illinois College supervises overnight guests outside of planned programing. I acknowledge that the nature of the Campus Visitation Program may expose me to hazards or risks that may result in my illness, personal injury or death, and I understand and appreciate the nature of such hazards and risks.

Therefore, I accept all risk that may result from such participation, and I will not hold Illinois College its governing boards, officers, employees, students, agents, and representatives responsible for any injury, death, property damage, or financial burden that may be associated with this visit. In consideration of being permitted to participate in the Campus Visitation Program, I hereby release Illinois College, from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including death, that may result from or occur during my participation in the Campus Visitation Program, whether caused by negligence of the College, its governing boards, officers, employees, students, or representatives, or otherwise. I further agree to indemnify and hold harmless the College and its governing boards, officers, employees, students, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in this Campus Visitation Program.

I am aware that participants in the Campus Visitation Program are required to abide by the student conduct rules governing students regularly enrolled at Illinois College, including the honor code. I acknowledge that these rules and regulations which I acknowledge having received, read, understood, and Illinois law, prohibit the illegal use of drugs for anyone, and prohibit drinking of alcoholic beverages by persons under twenty-one years of age. I understand that any visiting student who violates the prohibitions concerning alcohol and/or drug use will not be permitted to take part in any further visitation activities after the violation occurs and will be sent home as soon as necessary travel arrangements can be made at the student’s or parent’s/guardian’s expense.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR INJURY OR DEATH OR PROPERTY DAMAGE THAT OCCURS WHILE PARTICIPATING IN THE CAMPUS VISITATION PROGRAM AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION. I ALSO UNDERSTAND IT TO BE AN AGREEMENT TO MY CONDUCT WHILE PARTICIPATING IN ALL ASPECTS OF THE CAMPUS VISITATION PROGRAM.

Student Signature: Parent/Guardian Signature (if student is under the age of 18):

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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