

ST. BONAVENTURE
UNIVERSITY
Founded 1858

Overnight Program
Student Information & Consent Form

* Please complete all attached forms and information sheets and return via email by scanning and emailing the documents to admissions@sbu.edu or via mail to

St. Bonaventure University
Office of Admissions
P.O. Box D
St. Bonaventure, NY 14778

Student's Name: _____

Student's Cell Phone Number: _____

Home Address: _____

E-mail Address: _____

High School: _____ **Grade:** _____

Registered Overnight Date: _____
(**All Overnight registrations must be completed online)

Intended Major: _____ **Minor:** _____

Activities/Interests: _____

Special Meeting Request (s):

Emergency Contact Name: _____

Emergency Contact Number: _____

Secondary Emergency Contact Name: _____

Secondary Emergency Contact Number: _____

Overnight Consent Form

(Must be read and signed by both parent/guardian and student.)

In case of injury or illness, I allow University personnel to use their judgment to determine if my student needs emergency medical treatment. I understand that St. Bonaventure University does not assume responsibility for medical or other expenses incurred as a result of attending the overnight.

My student also agrees to abide by the individualized Overnight Visit Agenda provided by the Office of Admissions at St. Bonaventure University. Furthermore, he/she understands that he/she will not be allowed to leave the campus unless accompanied by the Overnight Host and is firmly restricted from consuming any alcohol or drugs during his/her stay at St. Bonaventure University.

***Please return this form at least two weeks before the scheduled overnight. The Admissions Office must have this form on file prior to the overnight for your student to participate.**

Parent /guardian Name Printed

Parent/Guardians Signature

Date

Student's Name - Please Print

Student's Signature

Date

ST. BONAVENTURE

UNIVERSITY

Founded 1858

All guests must sign the following form before participating or spectating in any Program or Activity in the Richter Center. The signature acknowledges an agreement to the Release of All Liability claims and Assumption of Risk, the St. Bonaventure University Student Handbook, and the National Intramural and Recreational Sports Association Standards of Conduct for Intramural/Recreational and Club Sports Events.

RELEASE OF ALL LIABILITY CLAIMS AND ASSUMPTION OF RISK

1. In consideration of St. Bonaventure University permitting me to participate in the Richter center at St. Bonaventure University, I _____ with the intent to be legally bound, hereby agree:

- Not to bring any action, legal, equitable, or otherwise or to make any claim of any nature whatsoever against St. Bonaventure University, its officers, trustees, employees, and agents, the St. Bonaventure University campus Recreation/Intramural and club Sports Program and its officers, Programs either directly or indirectly, for any personal injuries including death or property damage which others might sustain in engaging in Campus Recreation/Intramural and Club Sports Programs or activities necessarily or incidentally associated therewith; and
 - To release and further discharge St. Bonaventure University, its officers, employees, and agents, the St. Bonaventure University Campus Recreation/Intramural and Club Sports Program and its officers, instructors, representatives and any other person involved with the St. Bonaventure University campus Recreation/Intramural and Club Sports Program, either directly or indirectly, of any responsibility or liability or any nature to me for any injuries, death or property damage which may occur either directly or indirectly as a result of my participation in the St. Bonaventure University Campus Recreation/Intramural and Club Sports Program or in the Richter Center.
2. I understand the physical nature of the programs and activities offered by the St. Bonaventure University Campus Recreation/Intramural and Club Sports Department. I assume the risk of participating in such activities and programs offered by the St. Bonaventure University Campus Recreation/Intramural and Club Sports Department.
 3. I make these covenants, releases, and waivers knowingly, and voluntarily with full knowledge of any existing dangers in training and athletic activities; which danger I hereby further expressly voluntarily assume.
 4. I further make these covenants, releases, and waivers to bind myself, my executors, heirs, and administrators and assigns to the fullest extent.

I understand:

fully and appreciate that there are dangers, hazards and risks directly or inherently involved in the formal or informal activity I wish to engage in.

There is always potential for loss of limb or even life to others or myself for participating in this activity.

I must be at least 18 years of age in order to spectate or participate in activities in the Richter Center. Parental consent is needed if under 18 yrs. of age.

I will:

indemnify and hold St. Bonaventure harmless against any claim made against it by any party or personal injury or loss or damage of property caused or allegedly caused in whole or in part by my own actions, whether intentional or negligent, while representing St. Bonaventure University on campus. In such a situation, I agree to pay my pro rate share of said damages.

fully obey all local, county, state, and federal laws and ordinances while participating on campus as part of a recreational activity or in the Richter Center and will also comply with the rules and regulations contained within the St. Bonaventure University Student Handbook and the policies and procedures regarding the Richter Center.

I am responsible for myself. If I am hospitalized or incarcerated, St. Bonaventure University shall not be responsible for me, and no University representative shall be obligated to remain with me.

I agree that, for just cause, the University has the right to send me home from my visit early. I shall be responsible for my own transportation and expenses if any; for just cause in the vent the University exercises its right under this paragraph.

I represent that I have read this Risk Awareness form completely and understand all the terms and conditions of this agreement.

Parent /guardian Name Printed

Parent/Guardians Signature

Date

Student's Name - Please Print

Student's Signature

Date