



Overnight Consent Form Office of Admissions

Student Information

Name _____
 Last First

Address _____
 Street City State Zip

Parent/Guardian Information

Name _____
 Last First

Address _____
 Street City State Zip

Work Phone: _____ **Home Phone:** _____
 Area Code Area Code

Cell Phone: _____
 Area Code

Do you know a current Union College student? Yes No

(If yes, what is their name?) _____

I understand that:

1. I am hereby waiving and releasing Union College and its trustees, officers, employees, and agents from any and all liability for any injuries incurred by my child while participating in the Overnight Program.
2. I am representing to Union College that I have adequate health insurance on my child while he or she is participating in the Overnight Program.
3. I will pay all costs incurred by Union College as a result of any failure by my child to respect and maintain College facilities and/or to observe College rules and regulations.
4. Any action in regard to this release or arising out of its terms and conditions and/or claims that may arise while my child is in this Overnight Program shall be instituted and litigated before the Supreme Court, Third Judicial District, Schenectady County, New York State.
5. I have read this entire release, I fully understand it, and I agree to be bound by it.

 Student Signature Date

 Parent/Guardian Signature Date Parent/Guardian Signature Date