



Simmons University Overnight Visit Program  
Waiver of Liability/ Permission/ Medical Release Form

The overnight program is a unique way for high school seniors to experience social, academic and residence life at Simmons University and to discover what makes Simmons so special. To participate in an overnight visit, this form MUST be completed in full and returned to Simmons prior to the scheduled overnight. You will not be able to participate in the overnight if this form is not completed and submitted by the time of your arrival to Simmons.

Date of Overnight Visit:

Student's Full Name:

Student Cell Phone #:

Parent/ Guardian Name:

Parent/Guardian Cell Phone #:

Home Address:

City:

State:

Zip:

Emergency Contact:

Daytime Phone #:

Evening Phone #:

Allergies/medical problems Simmons should be aware of:

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Health Insurer:

/ Insurance #:

Policyholder's Name:

- I am fully aware that during my overnight stay at Simmons University I will not be under the supervision of any Simmons employee (staff or faculty member). I accept all terms outlined in the Student Standard of Conduct (<http://www.simmons.edu/handbook/conduct>) and accept that I am fully responsible for my actions while on campus and during my overnight stay.
- While visiting Simmons University, I agree to abide by Massachusetts state law. I am aware that state law prohibits my use of illegal drugs regardless of my age, as well as consumption of alcohol if I am under the age of 21. I further acknowledge that any illegal behavior or behavior that violates Simmons' policies and standards will be considered by the admission staff and can affect my acceptance status.
- I acknowledge all foreseeable and unforeseeable risks to me and/or my property associated with an overnight stay, and I accept responsibility for any injury and/or damage/loss to property associated with my overnight stay.
- In the event of a medical emergency, I understand that Simmons will seek to obtain the appropriate medical care for me. As a parent/guardian, I authorize Simmons University through its employees or agents to take my daughter to the nearest medical facility for purpose of receiving medical care with the understanding that I will assume any and all responsibility for payment. If I am over the age of 18, I authorize Simmons University through its employees or agents to take me to the nearest medical facility for purpose of receiving medical care with the understanding that I will assume any and all responsibility for payment.
- I hereby release Simmons University and its officers, agents, employees, successors, and assigns from any and all liability arising out of or related to this overnight visit which does not arise directly from negligence or misconduct of Simmons College and/or its employees.
- As Simmons University's academic and residential campuses lie within the city of Boston, I understand my visit may include activity in the surrounding community. I will adhere to the Simmons Student Standard of Conduct both on and off of Simmons University property for the entirety of my visit.
  - Check here if you are over the age of 18. \_\_\_\_ (If under the age of 18, a parent/guardian signature is required.)
  - I understand and accept all above conditions and statements.

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Signature of Student

Date

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Signature of Parent/ Guardian

Date