

## POLICY FOR OVERNIGHT VISITORS TO KENYON COLLEGE

Welcome to Kenyon! Campus visits are a great opportunity for you to learn more about the College, so we hope you will enjoy your time as you explore the academic, social, and residential life at Kenyon. We are pleased that you have decided to participate in this program and we hope that you enjoy your stay.

### CODE OF CONDUCT

As a guest of Kenyon College, you are required to abide by the same rules and regulations that govern the conduct of current Kenyon students. **IT IS IMPORTANT FOR YOU TO NOTE THAT ANY NEGATIVE OR ILLEGAL BEHAVIOR ON YOUR PART DURING YOUR CAMPUS VISIT WILL BE CONSIDERED BY THE ADMISSIONS OFFICE IN ANY EVALUATION OF YOUR APPLICATION FOR ADMISSION TO THE COLLEGE.**

Kenyon Admissions will also report any violations to your secondary school.

Please read the following and sign your name to indicate you have read and understand the statements below:

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- I am aware that although Kenyon College has agreed to host me overnight, neither the Office of Admissions nor any other office or personnel of Kenyon College will be supervising me at all times during my stay on campus. Visiting students, like enrolled students, are responsible for their behavior.
  - I am aware that participants in on-campus visitation programs are required to abide by Ohio state law and the rules and regulations of student conduct that govern students enrolled at Kenyon College. Violations of state law and campus regulations will be handled by the appropriate governing authorities.
  - I acknowledge that Ohio law prohibits the drinking of alcoholic beverages by persons under 21 years of age as well as use of controlled substances by persons of any age. As stated above, violations of this and any Ohio state law will be handled by the appropriate authorities.
  - I acknowledge that Kenyon Admissions staff have designated an overnight host for me. If I decide not to stay with my designated host and/or in the room that I was assigned to, then I must contact Campus Safety, the host, and the Admissions Office to notify them of my alternate accommodations and the reason for the change. I understand that this is for my own personal safety and security.
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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Date of Overnight Visit \_\_\_\_\_

Please **print** this form, **sign** at the bottom, and **scan and email to [admissions@kenyon.edu](mailto:admissions@kenyon.edu) at least three days prior to your visit.** Please bring to campus the original, signed copy of this document.

**PERMISSION/MEDICAL RELEASE FORM**

This form is necessary for any visiting student. **You will not be allowed to stay overnight without this form being completed.** Please print this form, complete and sign the form, scan and email to *admissions@kenyon.edu* at least three days prior to your visit. Please bring the signed original copy of this form with you when you come to Kenyon and provide it to the Admission Office upon arrival.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ High School: \_\_\_\_\_

Special Needs, including allergies to medication, special dietary needs, medical problems:

Name of Parent or Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

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

I give permission for my child named above to visit and stay overnight at Kenyon College. In consideration of my child's visit, I hereby agree to release, indemnify and forever discharge Kenyon College, its Corporation, Trustees, employees, and other agents, of and against any and all liability and responsibility for any claim or cause of action, including claims based on negligence on account of any other person/entity during, arising out of or in any way associated with my child's visit at Kenyon College. In case of an emergency and if I cannot be reached, I the undersigned parent or guardian of the above-named child, do hereby authorize a representative of Kenyon College to consent to any medical treatment or care deemed advisable.

I have read and fully understand all the provisions of the Permission/Release form. I have also read and agree to comply with the Visitation Policy described above.

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Signature of Parent/Guardian Date

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Signature of Student Date