



Prospective Student Overnight Liability and Medical Release Form

Welcome to Hellenic College Holy Cross (HCHC)! Thank you for your interest in our school and in the Overnight Host Program (OHP). **This form is required for any prospective student participating in the OHP at HCHC.** Please complete this form and return to us no later than three days prior to your scheduled arrival. **You will not be allowed to participate in the OHP without this completed form.**

(Please print)

Student's name: _____

Date of birth: _____

Home address: _____

City, state zip: _____

Cell phone: _____

Emergency contact name: _____

Emergency contact phone: _____

Relationship to student: _____

Special medical/dietary needs (i.e., allergies to medications/foods, or other special needs or accommodations) that may apply:

If the student will require any medical related accommodation while on campus, please contact the Director of Campus Housing at 617-850-1317.

For Students:

I am aware that, although HCHC has agreed to host me overnight, neither the Office of Admissions nor any other office or personnel of HCHC will be providing constant supervision of my activities during my stay on campus. Prospective students, like enrolled students, are responsible for their behavior as adults. **HCHC assumes no responsibility if an OHP student is off-campus attending a non-school sponsored event.**

I am aware that participating in on-campus visitation programs requires me to abide by Massachusetts law and the regulations that govern enrolled students at HCHC. I acknowledge that Massachusetts law prohibits all use of illegal drugs and prohibits the drinking of alcoholic beverages by persons under 21 years of age.

Additionally, I understand that any negative behavior or behavior violating any provision of this waiver during my overnight visit will be taken into consideration by the Office of Admissions.

I hereby release, indemnify and hold harmless HCHC, including its trustees, employees, volunteer workers, students, agents, and officers from any and all liability, damage, or claim of any nature whatsoever arising out of or in any way related to prospective student's participation in the OHP. I have read and agree to comply with the regulations stated above:

Signature of student

Date

Any prospective student under the age of 21 participating in the OHP at HCHC must have parent/guardian consent.

For Parent/Guardian if under age of 21:

I hereby release, indemnify and hold harmless HCHC, including its trustees, employees, volunteer workers, students, agents, and officers from any and all liability, damage, or claim of any nature whatsoever arising out of or in any way related to prospective student's participation in the OHP.

In case of an emergency, I authorize HCHC, through its employees or agents, to take my son/daughter to the nearest medical facility for purposes of receiving medical care, with the understanding that I will assume any and all responsibility for payment for the same. The student attending the OHP at HCHC will have with him/her all necessary medications and directives for treating any chronic illnesses or disorders. On behalf of myself and my minor son/daughter, I hereby release HCHC and its officers, agents, employees, successors, and assignees from any and all liability, loss, damage, costs, claims, and/or causes of action arising out of or in any way related to their participation in the OHP at HCHC and not arising directly from the negligence of HCHC and/or its officers, agents, employees, successors, and assignees.

As the parent or legal guardian of (daughter/son name) _____ I give permission to my child to visit HCHC for a **one-night visit** to the campus from _____ (arrival date) to _____ (departure date). I have read and agree to comply with the regulations stated above:

Please print parent/guardian name

Date

Signature of parent or guardian

Date

Signature of student

Date