Day on Campus / OverKnight Release Form
Acknowledgement of Assumption of Risk, Release of Liability, and Waiver of Claims

In consideration for being permitted to participate in the Day on Campus / Overnight (program) on the date(s) of _________________________ at Arcadia University (Institution) I, ___________________________________ (Prospective Student), and my parent(s)/guardian(s) (if student is under 18) hereby agree:

- to comply with the general rules and regulations of the University and University officials and any policies and procedures they may have related to overnight use of residence halls and generally accepted behaviors while on the University premises.
- that Arcadia has the right to terminate my (my minor child’s) participation in the Program if it is determined that conduct is detrimental to the best interests of the group, violates any rule of the program or for any other reason in Arcadia’s discretion.

Elective Participation: I acknowledge that my participation (or the participation of my minor child) is elective and voluntary. As a condition of my participation, I hereby grant Institution the right to use, for promotional purposes only, any photographs of me taken by Institution, its employees or agents, during my participation in the program. I further understand and agree that the Institution may use (for marketing purposes) any statements or quotes attributed to me in my evaluation of the program.

Informed Consent: I (I, (parent(s)) have been informed of and understand the various aspects of the program. I further understand and agree that there may be risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, illness, property damage, disability, or death that I/my minor child may sustain by any means is my sole responsibility except for those occurrences due to Institution’s gross negligence or intentional acts.

Prospective Student (and his/her parents or guardians also individually) agree:

- TO RELEASE, WAIVE, COVENANT NOT TO SUE AND DISCHARGE the University, its officers, directors, agents, faculty, representatives, students, and employees (“Releasees”) from any and all liability to me, my personal representatives, assigns, heirs, and next of kin for any and all damages, and any claim (including claims for bodily injury or death) or demands therefore on account of any injury to me or my property arising, directly or indirectly, from or related to my activities in connection with the Event.
- TO INDEMNIFY, DEFEND AND SAVE, AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage, or cost they may incur, arising, directly, or indirectly, from or related to my activities in connection with the Event.
- TO ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE in connection with the Event.
• THAT IN THE EVENT THAT EMERGENCY MEDICAL CARE IS NECESSARY FOR PROSPECTIVE STUDENT, I agree to permit the University to make arrangements for the Prospective Student’s transport to the nearest available medical facility to provide such emergency care as is medically needed. I agree that the University shall not be responsible for the costs of such care.

• THAT THIS RELEASE AND WAIVER IS INTENDED TO BE AS BROAD AND INCLUSIVE AS IS PERMITTED BY THE LAWS OF PENNSYLVANIA and that if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

• That this agreement shall be binding upon our successors, heirs, next of kin, executors, administrators, assigns, and representatives.

WE HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY and further agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made to me.

**Personal Medical Insurance.** I agree to have or purchase (and maintain) during the term of the program, personal medical insurance for myself (my minor child). I further acknowledge that I am responsible for the cost of any and all medical and health services I/my minor child may require as a result of participating in the Program.

I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement.

Date: _______________________

__________________________________________
(Signature)

__________________________________________
(Printed Name of Participant)

**Signature of Parent/Guardian for Participants Who Are Minors:**

I certify that I have custody of the Participant or am the legal guardian of the Participant by court order. I have read this agreement and fully understand and agree to its terms. **I am aware that this agreement includes a release and waiver of liability, an assumption of risk, and an agreement to indemnify Arcadia University.**

Date: _______________________

__________________________________________
(Signature of Parent or Guardian)

__________________________________________
(Printed Name of Parent or Guardian)