

Policy for Overnight Visitors to The University of Chicago

- This form must be received at least four business days prior to your scheduled visit.
- **Fax** your form to the Admissions Office at 773.702.4199 or **mail** to the Admissions Office, Attn: Overnight Visit, 1101 E. 58th St., Ste. 105, Chicago, IL 60637.
- Provide the Admissions Office with an original signed copy of this document upon your arrival; you should also keep a copy with you during your stay.
- If there are any changes in your scheduled time of arrival on campus, please call the Admissions Office directly at 773.702.8650 between 8:30am – 5:00pm CST. Overnight guests must arrive in our office no later than 4:00pm.
- **Students will not be able to participate in the overnight program without the submission of this form.**

Dear Prospective Student (and Parents/Guardians):

Welcome to The University of Chicago! We are delighted that you will be spending a night here. Campus visits offer an opportunity to sit in on a class, experience residence life, explore extracurricular activities, and, most of all, meet and talk with current students. Please take the time to think about the things you'd like to see and do in advance – this will help you make the most of your visit.

As a guest of the University, you are required to abide by the same rules and regulations that govern the conduct of current students of The University of Chicago. So that you get the most from your visit, the following conditions apply:

- Although The University of Chicago has agreed to host you overnight, neither the Admissions Office staff, student volunteers, nor any other office or personnel of the University will supervise you at all times during your stay. Visiting students are not prohibited from accompanying students off campus to activities in the neighborhood. Prospective students, like enrolled students, are responsible for their behavior within the expectations and guidelines described below.
- Participants in on-campus visitation programs are required to abide by applicable laws and the policies and regulations that govern student conduct at the University (<http://studentmanual.uchicago.edu/>). Please note that Illinois law prohibits the consumption of alcohol by persons under 21 years of age, as well as use of illegal drugs or controlled substances.
- Your host is a student volunteer; please respect his or her personal property and time, including time for sleep, study and classes. We encourage you to plan ahead for things you would like to see and do. You are responsible for bringing your own personal items, including a sleeping bag, pillow, towel, etc.
- Please understand that any inappropriate or illegal behavior on your part during your campus visit will be considered by the Admissions Office, and may impact your status as an applicant or admittee to The University of Chicago.

Acknowledgement:

I have read this policy and I understand and accept the conditions associated with my on-campus stay.

Signature of Parent/Guardian

Date

Printed Name

Signature of Student

Date

Printed Name

Date of Scheduled Overnight Visit: _____

Permission/Medical Release Form

Please print this form, sign, and fax to the Admissions Office at 773.702.4199 at least four business days prior to your scheduled visit and provide the Admissions Office with an original signed copy of this document upon your arrival at our office. Your visit is not confirmed until this is received. If you require any special accommodations during your visit, please call our office at 773.702.8650 at least one week in advance.

Note: You will not be allowed to stay overnight without the submission of this form.
Please complete all information clearly.

Name of Student: _____ Date of Overnight: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ Student's Age: _____ Male Female

Special medical problems, allergies to medications, etc: _____

Name of Parent or Guardian: _____

Cell Phone: _____ E-mail: _____

Other Phone: _____ Type (i.e. home, work, etc.): _____

Preferred means of contact should an emergency occur: _____

Parent/Guardian Acknowledgement:

I give permission for my child named above to visit and stay overnight at The University of Chicago. In the case of emergency and if I cannot be reached, I the undersigned parent or guardian of the above named child do hereby authorize a representative of The University of Chicago to consent to any medical treatment or care deemed advisable.

I understand that University staff and student volunteers will not supervise or chaperone my child during this visit, and that my child is responsible for all conduct and decisions regarding program participation and social activities.

I understand that the University does not provide health or other insurance to me or my child, and that I will be responsible for the entire cost of any medical services that might be necessary for my child during or associated with his or her stay at the University.

In consideration of my child's visit, I hereby agree to release, indemnify and hold harmless The University of Chicago, its agents, employees, trustees, directors and officers, for and against any and all liability and responsibility for any claim or cause of action, including claims based on negligence on account of any personal injury, accident, damage, expenses, or other loss caused, suffered or incurred by my child or any other person/entity during, arising out of or in any way associated with my child's visit to The University of Chicago, except for any claim or cause of action arising out of the sole negligence of The University of Chicago.

I have read the above and I voluntarily sign this agreement.

Signature of Parent/Guardian Date

Signature of Student Date