



## Overnight Liability Consent Form

The form below must be signed by you, the prospective student, and one of your parents or guardians. Return one copy of this document upon or before your arrival to campus and keep a second for your records.

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I, the undersigned parent or guardian of \_\_\_\_\_ agree to come to Wilmington College to pick up my son/daughter if he/she is involved in any incident which is in violation of the Wilmington College Student Code of Conduct. In the event of such an incident occurring, an administrator of Wilmington College will place a call to you notifying you of when and where you may pick up your son/daughter. Thank you for your cooperation in this matter.

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Signature of Parent or Guardian

( ) \_\_\_\_\_  
Daytime Phone Number

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Date

( ) \_\_\_\_\_  
Evening Phone Number