



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 the second for your records.

As a visiting student for an overnight experience, I understand and agree to the following terms:

- I agree to accompany my host at all times during the entire visit.
- I agree to stay on Wilmington College property and premises for the duration of my visit to campus.
- I agree to attend, in a timely manner, all of the activities listed on the visit agenda.
- I understand that the Admission Office staff will not assume any legal responsibility for any inappropriate behavior of mine.

Failure to comply with the above stipulations will result in an official withdraw of admission to the College and in some cases, possible legal action.

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.

Signature of Parent or Guardian Date

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Mobile Phone Number

Signature of Student Date

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Emergency Phone Number