



UAH SPRING ADMITTED STUDENT DAY OVERNIGHT PROGRAM

PERMISSION/MEDICAL RELEASE FORM

This form is necessary for any overnight visiting admitted student. You will not be allowed to stay overnight without this form being completed. Please complete and sign the form, and mail, email or fax to the Admission Office by **Monday, February 9, 2015**.

Name of Student _____ Date of Birth _____

Home Address _____

Cell Phone Number _____ High School _____

Special needs, including allergies to medication, special dietary needs, medical problems:

Name of Parent or Guardian _____

Home Address _____

Business Address _____

Daytime Phone Number _____ Evening Phone Number _____

I give permission for my child, _____, to visit and stay overnight at The University of Alabama in Huntsville. In case of an 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 Alabama in Huntsville to consent to any medical treatment or care deemed advisable.

Signature of Parent/Guardian

Date

The Office of Admissions

p 256.824.2773 / f 256.824.4539

uahadmissions@uah.edu

301 Sparkman Drive / University Center 114

Huntsville, AL 35899



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UAH RELEASE OF LIABILITY

KNOW ALL MEN BY THESE PRESENTS:

1. I hereby acknowledge the educational, recreational, and/or personal benefits accruing to my minor child

Name: _____

Date of Birth: _____

by reason of his/her participation in UAH Spring Admitted Student Day activities to be conducted on February 15 and 16, 2015. I understand that such activities include, but are not limited to, touring the UAH campus and various facilities and offices on that campus. I further understand that my child will be provided dinner and will stay overnight with a student host in a residence hall on the UAH campus. I further understand that my child will travel locally incident to Admitted Student Day activities in vehicles provided by the University and/or the U.S. Space and Rocket Center.

2. I do hereby, in consideration of such benefits and other good and valuable consideration, release absolutely, forever discharge, and covenant not to sue The Board of Trustees of the University of Alabama and its officers, employees, and agents of the said Board and/or any of its constituent institutions and the County of Madison, State of Alabama, its elected or appointed officials, agents, or employees, from and concerning all liability, losses, claims, demands, actions, debts, and expenses of every name and nature for personal or bodily injury (including any resulting in death) or other damages which my minor child may sustain from whatever cause during, arising out of, or as a result of such participation or any activity connected therewith, including without limitation the use of any vehicle, or other conveyance, or means of transportation, excepting only wanton or intentional misconduct by the forgoing parties or any of them. It is my intention to include the negligence of the foregoing parties or any of them within the scope of this release/ indemnity agreement and to except, by express limitation here stated, only wanton or willful misconduct by the same.

3. I do further consent to my minor child's participation in the above described activities and hereby expressly, knowingly, and voluntarily assume for my said minor child all risk of personal or bodily injury to him/her from hazards normally incident to, ordinarily associated with, or reasonably foreseeable from such participation.

4. I do further agree to indemnify the foregoing parties against any liability or loss sustained by any of them arising out of the said activities.

IN WITNESS WHEREOF, I hereby set my hand on this _____ day of _____, 2015.

Witness

Signature of Parent or Guardian

Printed Name of Parent or Guardian

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POLICY FOR OVERNIGHT VISITORS TO UAH

Welcome to UAH and congratulations on your acceptance! Campus visits are a great opportunity for you to learn more about the University, so we hope you will enjoy your time as you explore the academic, social, and residential life at The University of Alabama in Huntsville. We are pleased that you have decided to participate in this program on **February 15–16, 2015** and we hope you enjoy your stay.

Please read the following statements and sign your name to indicate you have read and understand them:

- ▶ I understand that although UAH has agreed to host me overnight, neither the Office of Undergraduate Admissions nor any other office or personnel of UAH will be supervising me at all times during my stay on campus. Visiting admitted students, like enrolled students, are responsible for their behavior within the expectations described below.
- ▶ I understand that participants in on-campus visitation programs at UAH are required to abide by Alabama state law and the Code of Student Conduct that governs students enrolled at UAH. I acknowledge and understand that Alabama law prohibits the purchase, consumption, possession, or transporting of any alcoholic beverages by persons under 21 years of age as well as the use of controlled substances.
- ▶ I understand that any negative or illegal behavior on my part during my campus visit may result in my offer of admission being rescinded. I also understand that UAH will report negative or illegal behavior to my secondary school.

Signature of Parent/Guardian

Date

Printed Name

Signature of Student

Date

Printed Name

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