Please read the following information carefully and sign your name on the line provided to indicate your understanding and acceptance of the contents. Please ask your parent/guardian to complete the second two pages of the form. If you or your parent/guardian has any questions about any of the following statements, please feel free to contact Will Dixon at the Duke Undergraduate Admissions Office.

**PARTICIPANT RESPONSIBILITY ACKNOWLEDGEMENT**

I, _______________________________ (student’s full name) am aware that participants in on-campus visitation programs are required to abide by the rules of conduct which govern the behavior of students regularly enrolled at Duke University. I acknowledge that both Duke University policy and North Carolina law prohibit the consumption of alcohol by persons under 21 years of age and prohibit the use of illegal drugs. I agree to abide by these rules during my visit to the Duke campus and agree not to seek damages from Duke University due to injury that results from consumption of alcohol or drugs, or any other illegal activity.

I understand that during my participation in this program I am responsible for my own behavior and the consequences of my behavior, and that I will not be supervised by personnel of the Office of Undergraduate Admissions or Duke University during my free time on campus.

______________________________
Signature of Participant

______________________________
Signature of Parent/Guardian if Participant is under 18 years of age

Please complete all three pages of this document and return to Duke Overnight Stay Program (overnightstay@duke.edu) with the student’s full name and date of the visit in the subject line.
LIABILITY RELEASE AND INDEMNIFICATION

This release will confirm that ________________________________ (student’s full name), age ______________, has our permission to visit Duke University on _______________ (expected visit date).

This release includes events that may be held on and off the Duke University campus. In consideration of Duke University accepting him/her as a participant in an overnight visit event, I agree not to seek damages from Duke or any of its trustees, officers, faculty members, employees, or agents, for or on account of any personal injury, loss of health, loss of property, or other damage sustained to him/her directly or indirectly, resulting from his/her participation in this event; and I agree to and do release Duke University from, and hold it harmless against, any and all liabilities or expenses incurred in respect of any claim, suit, or cause of action on account of any such injury, loss or damage.

This release and agreement shall be binding upon me and my heirs, executors, administrators, and successors, and I intend it to take effect as a sealed instrument and to be governed by the law of the State of North Carolina.

Executed as a sealed instrument this __________________ day of ____________________________, 201___.

___________________________________________________________
Signature of Parent/Guardian

Parent(s) Information
(to be used only in case of an emergency)

Mother's Name ____________________________________ Father's Name ____________________________________
Mother's Work No. (______)__________________________ Father's Work No. (______) __________________________
Home Phone No. (______)____________________________
Mother's Cell Phone (______)__________________________ Father's Cell Phone (______) __________________________
Mother’s Email ____________________________________ Father’s Email ________________________________

Please complete all three pages of this document and return to Duke Overnight Stay Program (overnightstay@duke.edu) with the student’s full name and date of the visit in the subject line.
OVERNIGHT PROSPECTIVE STUDENT VISITOR MEDICAL INFORMATION

___________________________________________________________

Student’s Full Name

Should emergency treatment be necessary for your child, we need your permission to authorize such treatment in the event that you cannot be reached. Please sign below to permit Duke University to authorize emergency medical treatment for your child.

___________________________________________________________

Signature of Parent/Guardian

Please list all allergies and dietary restrictions to which your child is subject (i.e. bee stings, milk allergies, etc.).

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Please list any medical conditions which your child may have and any medications which are now being taken. Also, please indicate any medications which your child should not take.

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________