



AMERICAN UNIVERSITY
W A S H I N G T O N , D C

Please complete this form and return to overnight@american.edu or fax to 202-885-6014.

**OVERNIGHT PROGRAM AGREEMENT
AND GENERAL RELEASE**

Participant's Name: _____

Participant's Address: _____

Preferred Participant E-mail Address: _____

Participant's Cell Phone Number: _____

Dates of Program: _____

American University's Overnight Program is designed to give prospective students the opportunity to experience life as a current AU student. Participants will enjoy evening student activities, and spend the night in a residence hall with a current AU student host ("AU Student Host").

As a condition of participating in the Overnight Program ("Program"), I and my Legal Guardian agree to the following:

Program Rules:

1. I understand that I will be housed in university housing and that I am expected to comply with all university policies and procedures, including but not limited to the rules and regulations of the residence halls.
2. I agree that I will be accompanied by my AU Student Host at all times and that I will not leave the campus of American University ("University") during the Program.
3. I will comply with all directions of the University.
4. I will conduct myself in a safe and prudent manner while participating in this Program.
5. I understand that if I do not comply with number 1 through four above or otherwise conduct myself in a responsible manner, the University may remove me from the Program. As well, the University may consider my conduct during the Program in its evaluation of my admission application.

Fitness to Participate and Emergency Medical Treatment: I represent to American University that there are no health-related reasons or problems of which I am aware that preclude or restrict me from participating in the Program. I hereby authorize the University to secure necessary emergency medical treatment in the event of injury or illness while participating in the Program.



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General Release: I understand that participation in the Program is voluntary and that such participation involves some element of risk. American University is not responsible for my travel to and from the Program site. I also understand that the Washington D.C. metropolitan area is an urban environment with all the attendant risks. Specifically, I hereby acknowledge and assume the risks that staying overnight may involve including the risk of serious injury and/or death. Understanding these risks, I agree that I am knowingly and voluntarily assuming them.

In consideration of American University permitting me to participate in the Program, I (including my parents, guardians, and legal representatives) agree to release, indemnify, and hold harmless the University, its trustees, officers, employees, faculty, agents, and co-sponsoring institutions and their agent(s) from and against any blame and liability, for any inconvenience, injury, death, loss to person or property, or any other damage of any kind whatsoever, which may result from or be connected in any way to my participation in the Program or in transit to or from the Program.

I and my Legal Guardian have read and understand the above provisions and agree to be bound by them, as indicated by our signatures below. I and my Legal Guardian further agree that facsimile, photocopies or other electronic copies of signature pages to this Agreement or any other document or instrument delivered pursuant to this Agreement shall be treated as original signatures.

Participant (Print)

Legal Guardian's Name (Print)

Participant's Signature

Date

Legal Guardian's Signature

Date

Emergency Contact Information

Name of Contact 1: _____

Relationship to Student: _____

Contact Telephone No.: _____

Name of Contact 2: _____

Relationship to Student: _____

Contact Telephone No.: _____