## Oberlin College Overnight: Diversity & Access Responsibility Acknowledgment Form (RAF)

This **Responsibility Acknowledgement Form** must be signed and submitted no later than three to four weeks before the program start date to participate. (September 20th for October 10-12th and October 18<sup>th</sup> for the November 7-9<sup>th</sup> program dates)

Please review the following information, sign the form, and email it to Joann.Hazlett@oberlin.edu or fax to 440-775-6905 to the attention of Joann Hazlett. High quality cell-phone pictures of the signed document emailed to the above address is also acceptable. **You will not be permitted to participate in the program without the submission of this form.** 

### **Overnight Visit Policy**

Oberlin College requires that guests assume the same responsibility for their actions that Oberlin students have assumed. Please read the following statements and sign your name to indicate that you understand them:

#### For Students:

I am aware that although Oberlin College has agreed to host me for two nights, neither the Office of Admissions nor any other office or personnel of Oberlin College will be supervising me at all times during my stay on campus. Visiting students, like enrolled students, are responsible for their behavior as adults within the expectations described below.

I am aware that participants in on-campus visitation programs are required to abide by Ohio state law and the rules and regulations of student conduct that govern students enrolled at Oberlin College.

I acknowledge that Ohio law prohibits the drinking of alcoholic beverages by persons under 21 years of age as well as all use of controlled substances.

Further, I understand that the Office of Admissions will consider any negative behavior during my campus stay when reviewing my application for admission. Any violation of the rules stated above or any damage to Oberlin property may impact my application to Oberlin College.

#### For Parents:

I give permission for my child named below to visit Oberlin College. I hereby indemnify and hold harmless Oberlin College, its agents and employees including board of managers, directors and officers. I release and give up all claims, including claims of negligence, I may have in the future against the Party Released that arise out of my child's participation in this activity.

In case of emergency and if I cannot be reached, I the undersigned parent or guardian of the named child, do hereby authorize a representative of Oberlin College to consent to any medical treatment or care deemed advisable.

PLEASE KEEP THIS SHEET FOR YOUR RECORDS. If you do not understand these statements or how they apply to you, please ask a member of the Admission staff to explain them **BEFORE** you sign.

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Which	n program dates do you pr	efer to attend? (Che	ck all that apply.)	
	October 10 - 12		November 7	′ - 9
	cket will not be purchased un ree and understand:	til a signed copy of th	is statement is received.	As a participant,
•	full reimbursement	de. In the event that ticket is purchased, est of the airline ticked are unable to attend to Oberlin College. You will receive flight will proceed in purchanight program. Traves	I must withdraw from to my family will be response. I due to sickness you a You must cancel your the the student asing an airline ticket upon a larrangements and logism my home airport and bases.	he program or am consible for reimbursing re still responsible for reimbursing re still responsible for flight prior to the responsible for submission of this form stics will be shared shortly
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Nea	rest Airport to my residence	is: { <b>Note:</b> Regiona	al airports are usually cos	st prohibitive}
transp receip	ng to Oberlin: If you live with cortation to campus. After you its!).  Check this box if you are a read and fully understand	ur visit you will receive a driver/non-flyer.	e a mileage and toll reiml	bursement (keep your
	vernight Visit Policy:			
Studer	nt Printed Name	Signature of Student (	required)	Date
Parent	/Guardian Printed Name	Signature of Parent/G	uardian (required)	Date

Return form no later than 3-4 weeks before selected overnight program.

Email: joann.hazlett@oberlin.edu OR Fax: 440-775-6905

Attn: Joann Hazlett