



REED COLLEGE

Overnight Stay Parent Waiver

- I give permission for my child to visit and stay overnight at Reed College.
- In the case of a medical emergency, I hereby authorize a representative of Reed College to consent to any medical treatment or care deemed advisable. I understand the college's health center cannot provide treatment for my child, and that I will be responsible for the cost of any medical services deemed necessary for my child during or associated with their stay on campus.
- I understand that college staff and student volunteers will not provide constant supervision for my child during this visit, and that my child is responsible for all conduct and decisions made while a guest on our campus. Visiting students, like enrolled students, are fully accountable for their behavior as it pertains to Reed's Honor Principle and all applicable state and federal laws.
- I understand that actions my child takes while on Reed's campus may influence their application for admission.
- I hereby agree to release, indemnify, and hold harmless Reed College, its agents, employees, trustees, directors, and officers, for and against any and all liability and responsibility for any claim or cause of action, including claims based on negligence on account of any personal injury, accident, damage, expenses, or other loss caused, suffered, or incurred by my child or any other persons or property during, arising out of, or in any way associated with my child's visit to Reed College.

Name of Student _____ Date of Overnight _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____