



WHITMAN COLLEGE

Office of Admission

345 Boyer Avenue | Walla Walla WA 99362

Phone: (509)527-5176 | Toll Free: (877)462-9448 | Fax: (509)527-4967

visit@whitman.edu

INFORMATION FOR OVERNIGHT VISITORS TO WHITMAN COLLEGE

(Please print both pages. Retain the 1st page, complete and submit the 2nd page.)

We look forward to hosting you at Whitman College! Campus visits are an excellent opportunity for you to learn more about life at Whitman. We encourage you to experience the academic, social, and residential community at Whitman.

As a guest, Whitman College requires that you assume the same responsibility for your own actions that Whitman students have assumed. **Please review these expectations before signing the agreement on the following page:**

I am aware that although Whitman College has agreed to host me overnight, neither the Office of Admission nor any other office or personnel of Whitman 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 Washington state law and the Student Code of Conduct outlined in the Whitman College student handbook. I acknowledge that Washington law prohibits all use of illegal drugs and prohibits the drinking of alcoholic beverages by persons under 21 years of age.

Further, I understand that any negative behavior during my campus stay will be considered by the Office of Admission. Any violation of the rules stated above or any damage to Whitman property may impact my application to Whitman College.

If you do not understand the statement above or how it applies to you, please ask a member of the Admission staff or Dean of Students Office to explain it to you before signing.

PLEASE COMPLETE PERMISSION/WAIVER OF LIABILITY/MEDICAL RELEASE FORM



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PERMISSION/WAIVER OF LIABILITY/MEDICAL RELEASE FORM

This form is required for any visiting student staying overnight on campus. Please complete the form and return it to the Office of Admission **3 days** prior to your visit. You will **NOT** be allowed to stay overnight without this completed form.

Date of Overnight Visit: _____

Visit Arranged by (please check one):

___ The Office of Admission

___ The Athletic Department

___ Other, please explain:

STUDENT INFORMATION:

Name of Student: _____ Cell Phone: _____
(Please print)

Student Address: _____
Street Address City State Zip

PARENT INFORMATION:

Name of Parent or Guardian: _____

Day Phone: _____ Cell Phone: _____

Evening Phone: _____ Email Address: _____

EMERGENCY CONTACT (IF PARENT/GUARDIAN CANNOT BE REACHED):

Name: _____ Relationship: _____ Phone: _____

ALLERGIES/MEDICATIONS:

Student's Allergies: _____

Student's Current Medications: _____

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN BELOW:

PERMISSION/WAIVER OF LIABILITY/MEDICAL RELEASE

I give permission for my son/daughter named above to visit Whitman College. I hereby release, indemnify and hold harmless Whitman College, its trustees, officers, agents and employees from any and all liability, damage, or claim arising out of or in any way related to my child's participation in this visit to Whitman, except where such claims are due to the sole gross negligence of the college, its agents, or employees. 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 Whitman College to consent to any medical treatment or care deemed advisable.

Signature of Parent/Guardian: _____ Date: _____

I have read and fully understand all the provisions of the Permission/Release form. I have also read and agree to comply with the Visitation Policy and the guidelines outlined in the Whitman student Code of Conduct.

Signature of Student: _____ Date: _____

RETURN FORM 3 DAYS PRIOR TO VISIT:

Office of Admission, Attn: Campus Visit Coordinator, 345 Boyer Ave, Walla Walla WA 99362

Or Fax to: (509)527-4967, Attn: Campus Visit Coordinator

Office Use Only:

Host Name _____ Res Hall _____ Room _____ Cell Phone _____