

**PERMISSION/MEDICAL RELEASE FORM AND RELEASE OF CLAIMS/INDEMNITY**

This form is necessary for any visiting student. **You will not be allowed to stay overnight without completing and returning this form** via fax or email to Denise Bernier, Admissions Office: Email: [dbernie2@bowdoin.edu](mailto:dbernie2@bowdoin.edu), Fax Number: (207) 725-3101.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ High School: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Special Medical problems, allergies to medication:

Name of Parent or Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**PERMISSION, MEDICAL RELEASE AND RELEASE OF CLAIMS/INDEMNITY**

The undersigned parent or guardian hereby gives permission for the above-named student to visit Bowdoin College.

The undersigned parent or guardian and the undersigned student hereby authorize a representative of Bowdoin College to consent to any medical treatment for the student in the event of an emergency.

The undersigned parent or guardian and the undersigned student, on behalf of themselves, their personal representatives, heirs, successors and assigns, hereby release, discharge, indemnify and hold harmless Bowdoin College, its Trustees, officers, agents and employees from and against any all claims, liabilities, demands, causes of action, losses, debts, costs and expenses of every kind and nature whatsoever (collectively, "Claims") arising directly or indirectly from or attributable in any way whatsoever to my child's visit to Bowdoin College, including without limitation any and all such Claims arising directly or indirectly from or attributable in any way whatsoever to any act or omission, including any negligent act or omission, on the part of Bowdoin College, its Trustees, officers, agents or employees.

By signing below, the undersigned parent or guardian and the undersigned student each acknowledge (i) that he/she has read and fully understands all the provisions of this Permission, Medical Release and Release of Claims/Indemnity, and (ii) that he/she has read and agrees to comply with the policies described in the document entitled Information for Overnight Visitors to Bowdoin College.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date