

Residence Life: Policy & Procedure For Perspective Student Overnight Visits

Overnight visits for prospective students are welcome in the HNU Residence Halls.

Admission Counselors, Recruiters and Coaches will need to:

- Submit a request to the Residence Life Office a minimum of 72 hours in advance.
 - Email request including:
 - Name/Gender
 - Date/Time: Arrival & Departure
 - Admissions counselor/coach/recruiter and contact information
- All overnight prospective students/recruits must be assigned a current HNU resident student as their host.
- Prospective students/recruits will be limited to no more than 2 consecutive nights in the halls.
- Each overnight guest will need to complete an activity waiver form. If the guest is under the age of 18, the parent waiver will need to be submitted.
- Each overnight guest will need to complete an Emergency Contact Form prior to check in.
- Each student will need to submit a copy of their insurance card.
- Arrangements outside the parameters described here will need to be made with the Residence Life Office.

Please note:

1. Recruits are not allowed to be hosted by residents that are not in good discipline standing.

The Residence Life Office will:

- Notify the Admission counselor, Coach or Recruiter whether or not the request was granted and under what terms (guest rooms or will the recruits have to bunk up).
- Work with the requester to set up a check in/out date and time.
- Provide each recruit with a guest ID which will also be their meal card.
- Provide each recruit an access card for the residence halls.
- Provide each recruit with Campus Emergency Contact information.
- Notify the Resident Assistants of the prospective students on campus, location and all necessary information.

Recruit Check List:

- € Have you submitted a request to the Residence Life office to have overnight prospective students on campus?
- € If applicable, have you provided a list to the Residence Life Office of who the prospective students will be staying with?
- € If you have requested guest rooms for the prospective students, have you requested linens from the Residence Life Office?
- € Have you provided any prospective students under the age of 18 with the Activity waiver so that it may be signed by the parent or legal guardian?
- € Have you notified the Director of Campus Dining (Epicurean Group) of the dates you will have guests using the Dining hall or Brennan lounge and which meals your students will be participating in?
- € If you are a coach have you notified the Admissions Office of the overnight visits so that you will have all the necessary handouts (view books, applications, brochures, etc...)?
- € Have you explained to your prospective students that they must arrive with a valid ID and proof of health insurance?
- € Have your recruits/prospective students submitted the Emergency Contact Form?
- € It would be a good idea to have an itinerary of the day(s) activities on file with the Residence Life Office.



Health Information

Name of Physician _____

Address _____

City

State

Zip Code

Phone Number (_____) _____

Health Insurance Provider _____

Policy Number _____

List any medical concerns:

Please indicate any medication(s) which is/are taken on a regular basis:



HNU Release and Hold Harmless Agreement

I, the undersigned participant, request voluntary participation in the _____ activity on _____ (date) which begins at _____(time) and ends at _____ (time) sponsored by _____ (name of student organization) all of which are hereinafter referred to as the "activity".

I consent to participation in the activity and acknowledge that I fully understand my participation may involve risk of serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

I certify that I am in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my participation in the activity. I agree I am financially responsible for any losses resulting from my actions and will indemnify Holy Names University and the Board of Trustees, the sponsoring campus department and the officers, directors, employees and agents of each of them, for any loss or damage caused by myself during this activity.

In consideration of my participation in the activity, I hereby waive all claims or causes of action Holy Names University and the Board of Trustees, the sponsoring campus department and the officers, directors, employees and agents of each of them, arising out of my participation in the activity and hereby release, hold harmless, and discharge Holy Names University and the Board of Trustees, the sponsoring campus department and the officers, directors, employees and agents of each of them from all liability in connection therewith.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the Holy Names University and the Board of Trustees, the sponsoring campus department and the officers, directors, employees and agents of each of them knowingly given up in return for allowing my participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Participant Signature _____

Participant Name _____ Date _____

Parent Signature _____ Date _____

(If under 18)



Alarm Procedures

If an Alarm Sounds:

1. Evacuate the buildings using the stairs.
2. Do not go into a blazing or smoke-filled area for any reason.
3. If the room is filled with smoke, stay close to the floor as possible and hold a cloth over your nose and mouth to breathe through.
4. Report to building's predetermined areas.
5. Wait for further directions from Residence Life staff.

Predetermined Areas:

- Dunn Hall
 - Far end of the parking lot closets to Golden Gate Softball Field
- Durocher/Feehan
 - Raskob Parking Lot
- Founders Hall
 - Rose Garden

Campus Contact Information

<u>Department</u>	<u>Extension</u>
Emergency	9-911
Residence Life Office	x1442
Front Desk	x1500
Front Gate	x1600
RA on Duty	x1627
Campus Safety	x1601