

**STATEMENT OF POLICY FOR  
OVERNIGHT VISITS BY PROSPECTIVE STUDENTS**

**Please sign this Statement of Policy and the Permission/Waiver of Liability/Medical Release form as soon as possible and return both to the Admissions Office via Fax (505-984-6162) or E-mail (visitsjc@sjc.edu).**

As a guest of St. John's College in Santa Fe, New Mexico, you are required to abide by the same rules and regulations that govern the conduct of our students. Please read the following and sign your name to indicate that you read and understand the statements below.

- ✓ I am aware that although St. John's College has agreed to host me overnight, neither the Admissions Office nor any other office or personnel of St. John's College will be supervising my stay on campus. Visiting students, like enrolled students, are responsible for their behavior.
- ✓ I am aware that participants in the St. John's on-campus visitation program are required to abide by the rules and regulations of student conduct that govern students enrolled at the college. See pages 69-75 of the St. John's Student Handbook at [sjc.edu/current-students/undergraduate-santa-fe](http://sjc.edu/current-students/undergraduate-santa-fe)
- ✓ I acknowledge that New Mexico law prohibits the drinking of alcoholic beverages by persons under 21 years of age and punishes those who provide alcohol to anyone not of age.
- ✓ I understand that St. John's abides by federal, state, and local laws concerning controlled substances and alcohol use. Visitors found violating these laws are subject to immediate removal from campus.
- ✓ I understand that any inappropriate or illegal behavior on my part during my campus visit will be considered by the Admissions Office and may impact my status as an applicant or admitted student.

---

Student Signature

Printed Name

Date

---

Parent/Guardian Signature  
(if student under 18 years old)

Printed Name

Date

**PERMISSION, WAIVER OF LIABILITY & MEDICAL RELEASE FORM**

**Day and overnight visitors must complete this form. (You will not be allowed to stay overnight unless this form is completed.)**

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

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

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Please describe special dietary needs, medical problems, allergies to medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian (or Emergency contact if 18 or older): \_\_\_\_\_

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

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

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

I give permission for my minor child/ward to visit and stay overnight at St. John's College in Santa Fe, New Mexico. In consideration of my child's/ward's visit or my visit [I am 18 years old or older], I hereby agree to release, indemnify, and forever discharge St. John's College, its directors, officers, employees, and agents from any and all liability and responsibility for any claim or cause of action, including claims based on negligence on account of any other person/entity, arising out of or in any way associated with my child's/ward's/own visit to St. John's College. I agree that my/my child/ward's safety is primarily dependent on my/my child/ward taking proper care of myself/himself/herself. Despite precautions, accidents and injuries may occur and injuries may occur and/or loss or damage to personal property may occur as a result of participation in the visit. I assume all risks related to participation in the visit. I agree that this waiver of liability and release is intended to be governed by New Mexico law and to be as broad and inclusive as permitted under New Mexico law. If any portion of this waiver and release is held invalid, the balance shall continue in full force and effect.

In case of an emergency and I cannot be reached, I, the undersigned parent/guardian of the above-named child/ward, do hereby authorize a representative of St. John's College to consent to any medical treatment or care deemed advisable. OR

In the case of an emergency and I am 18 years old or older and my emergency contact cannot be reached, I the undersigned student do hereby authorize a representative of St. John's to consent to any medical treatment or care deemed advisable.

I have read and fully understand all the provisions of this Permission, Waiver & Medical Release Form

\_\_\_\_\_  
Signature of Parent/Guardian Printed Name Date

\_\_\_\_\_  
Signature of Student (if 18 years old or older) Printed Name Date