Bethany LUTHERAN COLLEGE

CAMPUS VISITOR FORM

THIS SIDE TO BE COMPLETED BY BLC STUDENT HOST(S)

This form is required for visitors to stay on the campus of Bethany Lutheran College for an overnight visit. It may be returned in advance of the visit, or submitted upon arrival to campus. Please note that visitors will NOT be allowed to stay overnight until this form is properly completed, signed, and returned to the Resident Hall Coordinator of the building in which they plan to stay.

Host 1 Name: _____ Cell Phone: _____

Host 2 Name: _____ Cell Phone: _____

Host 3 Name: _____ Cell Phone: _____

Host 4 Name: _____ Cell Phone: _____

Host Res Hall and Room Number _____

Date Visitor Arriving: _____ /_____ /_____ Date Visitor Departing: _____ / _____ / _____

BLC Host Understanding of Responsibility

On behalf of Bethany Lutheran College, thank you for helping to host a prospective student. Your part in ensuring that our guests have a positive "Bethany Experience" is greatly appreciated.

Understand, by agreeing to host a guest in campus housing, that you are an ambassador of Bethany Lutheran College, helping to guarantee that these students have a safe and enjoyable visit. While we encourage you to answer students' questions about college life honestly, please make sure to accentuate the positives of a Bethany education and refrain from personal opinions which may detract from what we hope to be a positive experience. Also keep in mind that these students are typically minors and should not be exposed to any activity inappropriate by Bethany's Standard of Conduct (refer to blc.edu/student-guide) or illegal per municipal, state, or federal laws.

I/we, the undersigned, understand that we are representatives of Bethany Lutheran College and will conduct ourselves accordingly.

Host 1 Signature: _____ Date Signed: _____ /_____ /_____

Host 2 Signature: _____ Date Signed: _____ /_____ /_____

Host 3 Signature: _____ Date Signed: _____ /_____ /_____

Host 4 Signature: _____ Date Signed: _____ /_____ /_____

Questions may be directed to the BLC Office of Residential Life at 507-344-7826.

Bethany LUTHERAN COLLEGE

OVERNIGHT VISITOR FORM

THIS SIDE TO BE COMPLETED BY BLC VISITOR

Visitor Name: _____ **Cell Phone:** _____

SECTION 1: Please sign below to indicate your agreement with the following:

CONDUCT AGREEMENT: As an overnight guest at Bethany Lutheran College, I agree to abide by the Standards of Conduct of Bethany Lutheran College as articulated in the BLC Student Guidebook (www.blc.edu/student-guide) and adhere to any directives given Residential Life staff or other representatives of the College in the performance of their duties.

RELEASE OF LIABILITY: I agree and hereby release Bethany Lutheran College, its agents, or representatives, of any and all liability, and to indemnify and hold harmless, Bethany Lutheran College, for personal injury (including death) and property losses or damage occasioned by or in connection with any activity or accommodations for this visit.

Visitor Printed Name: _____

Visitor Signature: _____ Date Signed: _____ /_____ /_____

Parent/Guardian Signature: _____ Date Signed: _____ /_____ /_____
(if visitor is under 18)

SECTION 2: Medical Information

Please share any medical information, including current medications, allergies, or known conditions, that may be useful to medical personnel in the event that medical attention is needed.

_____

_____

SECTION 3: Emergency Contact Information

Name: _____ Cell Phone: _____

Address: _____ Relationship: _____

FOR MINORS ONLY: Emergency Medical Release

If needed for any health reason or emergency, I give permission for my child to receive medical evaluation, attention, or treatment in accordance with standard medical practices by licensed medical personnel. I relieve Bethany Lutheran College of all responsibility and consequences that may arise as a result of this treatment, and I agree to accept all financial responsibility as a result of any medical treatment.

Parent/Guardian Printed Name: _____ Relationship: _____

Parent/Guardian Signature: _____ Date Signed: _____ /_____ /_____

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