

Gonzaga University – Host Program

Informed Consent/Agreement Form

I, the person whose signature appears below, hereby accept and agree to obey all policies, rules and regulations of Gonzaga University as well as the State of Washington while on the premises of Gonzaga University.

For the sake of awareness and clarification, I have read and agree to abide by the following University policies; I understand that failure to do so may result in a request to leave the campus, and/or a change in my admission status to the University. Furthermore, failure to adhere to these policies may result in notification of my parents or guardians.

(1) **Alcohol:** Under the legal drinking age of 21 years old, the use, possession, purchase or consumption of alcoholic beverages in any form is prohibited within the Gonzaga University residence hall system and off-campus community.

(2) **Drugs:** The use, possession, consumption, sale or transfer of controlled substances is not tolerated. Documented violations of drug use, selling, or “dealing” of any controlled substance or paraphernalia may result in immediate removal from the Gonzaga University campus, and possible withdrawal of an offer of admission.

(3) **Appropriate Behavior:** The purpose of an overnight stay is to provide prospective students (visitors) the opportunity to experience student and academic life from the perspective of a current student (host). Overnight visitors are required to stay with assigned student hosts for the duration of the overnight visit and remain on campus for the duration of the visit.

Waiver of Responsibility

I, the undersigned, hereby agree to abide by the above and all other University policies as a participant in a hosted overnight stay at Gonzaga University. It is the determination of the Admission Office that no activities planned during this stay are inherently dangerous, and where risks may be foreseen, reasonable measures have been taken to prevent injury. I understand that Gonzaga University will not be liable for any damages or losses to person or property caused by other persons, theft, burglary, assault, vandalism, or other crimes, fire, flood, water leaks, rain, hail, ice, snow, explosions, interruptions of utilities, or other phenomena. I further agree to be fully responsible for any claims or damages payable as a result of negligence or acts or omissions to act by me (the undersigned) in violation of this Informed Consent and/or Gonzaga University policy.

My signature acknowledges that I have read, understand, and agree to above.

_____	_____	_____
Date of Visit	Signature of Overnight Participant	Date

Please Print Name of Overnight Participant		

Signature of Participant's Parent or Legal Guardian		Date

In case of emergency:

Contact: _____ Relation: _____ Cell #: _____

Contact: _____ Relation: _____ Cell #: _____

Overnight Participant's Cell #: _____ Home #: _____

When meeting your Overnight Host, please exchange cell phone numbers. Parents and Overnight Participants should contact the Gonzaga University Security Office at 509.313.2222 in case of emergency.