



Liability Release Form

Ave Maria University
(877) AVE-UNIV

5050 Ave Maria Blvd
Ave Maria, FL 34142

On _____, intending to be legally bound hereby, the undersigned agrees and does hereby
Date
release from liability and to indemnify and hold harmless Ave Maria University, any of its' employees or agents representing or related to the University as regards Campus Guest Visitation and Overnight Housing. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for this event. The undersigned further agrees to abide by all the rules and regulations promulgated by Ave Maria University and/or its' affiliate groups and vendors throughout the Campus Visit.

Guest Name (Please Print)

Signature of Guest Participant

Date Signed

(If under 18 years of age, signature of parent or guardian)

Emergency Medical Release Form

I, _____, give permission to my son/daughter _____,
Please Print Full Name *Please Print Full Name*

to visit Ave Maria University on the _____. If needed for health reasons, I give permission
Please Print Dates of Visit
for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve Ave Maria University of all responsibility and consequences that may arise as a result of this treatment. I will not hold Ave Maria University liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment. My son/daughter agrees to abide by all the rules and regulations stated by Ave Maria University Staff including Admissions and Resident Staff. I understand that while visiting the campus my son/daughter is partnered with a student host for the duration of his/her visit, in like manner as any University student. I understand that Ave Maria University will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate termination of their visit and all expenses incurred for his/her return home will be my responsibility.

Parent Signature

Date Signed

Guest Signature

Date Signed

Family Physician

Phone

Allergies:

Current Medications:

Medical History:

Guest Social Security Number:

In case of Emergency, please contact:

Name

Work Phone

Home Phone