

Alfred University

Residence Hall Guest Registration Form

**Please complete PAGE ONE ONLY to register guests who are 18 years or older and return to your RD.
Please use PAGE ONE AND TWO to register guests who are 17 years and younger and return to the Office of
Residence Life, or email to gebel@alfred.edu, or Fax to 607.871.2237.**

Residence Life Guest Policy

Anyone not assigned to a particular room is considered a guest. Residence Life staff must be notified of non-Alfred University overnight guests 24 hours in advance of their stay by completing the **Guest Registration Form** and **returning it to the Resident Director of the area**. Overnight guests may stay no more than five nights per month; and no more than two nights consecutively, unless permission is given by the Associate Director of Residence Life.

In addition to the regular registration form, guests under the age of 18 must have the permission of their parent or legal guardian utilizing the **Guest Registration Form for Minors** submitted for review one week in advance for approval by the Associate Director of Residence Life. Submit completed form to gebel@alfred.edu or fax to 607.871.2237.

AU students are expected to take reasonable action to prevent guests from violating university policies. Residents will be held accountable for behaviors and/or damages caused by their guest. University staff members have the authority to deny any guest, revoke guest privileges, and deny any residential student the privilege of hosting guests.

Guest Information

<i>Guest Name:</i>	<i>Date of Birth:</i>
<i>Emergency Contact Name (other than host):</i>	<i>Emergency Contact Phone:</i>
<i>Date In:</i>	<i>Date Out:</i>

Host Information

<i>Host Name:</i>	<i>Phone:</i>
<i>Host Room:</i>	<i>Host Roommate:</i>

Roommate Agreement

I, _____ am agreeable to the above named person being a guest in the room on the night(s) indicated and have had a discussion with my roommate regarding guest expectations.

<i>Roommate Signature:</i>	<i>Date:</i>
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ALFRED UNIVERSITY

GUEST REGISTRATION FORM for Minors

THIS FORM IS TO BE COMPLETED BY THE MINOR'S PARENT OR LEGAL GUARDIAN

Guest Signature: _____

Guest Name (Print): _____

Date of Birth (MM/DD/YYYY): _____

Host Signature: _____

Date of Birth (MM/DD/YYYY): _____

Host Name (Print): _____

Host Phone Number: _____

Host Room Number and Building: _____

In Date: _____

Out Date: _____

I certify that I am the parent and/or legal guardian of the previously stated "Guest," and that I give my consent for this individual to visit Alfred University residence halls under the supervision of the previously stated "Host," for the period of time listed in this document. While Alfred University maintains staff in each residence hall, Alfred University does not continuously supervise the activities of Host and Guest. Therefore, in consideration of allowing the Guest to stay in the residence hall, to the fullest extent permitted by applicable law, I hereby (on behalf of myself, my child and any family member) assume all responsibility and risk of injury that might occur to my child and waive any causes of action (including without limitation that of negligence and/or gross negligence), and any claims for damages, personal injuries, and/or wrongful death which may be asserted against Alfred University and/or its Personnel, related to my child's presence in the residence hall, and to the fullest extent permitted by applicable law, hereby (on behalf of myself, my child and any family member), forever release Alfred University and its Personnel from any and all liability related thereto, except for the intentional and willful misconduct of Alfred University and its Personnel.

I, along with my "Guest" understand that Alfred University expects all Guests to abide by University policies as well as all Laws. I have reviewed behavioral expectations with the "Guest." Furthermore, I understand that Alfred University assumes no supervisory responsibilities for the "Guest" during the visitation period. Alfred University residence halls are designed for occupancy by college students. Residence Hall policy allows for short term visits, not to exceed two consecutive nights and no more than 5 nights per month with friends, family and/or acquaintances contingent upon approval of the Host's roommates. Visitation privileges may be revoked at any time without notice. I, as the parent and/or legal guardian, agree to be available to pick up my "Guest" upon the request of the University or "Host" and to leave reliable contact information with the "Host" at which I may be reached in case of emergency.

Legal Guardian Name: _____ **Legal Guardian Signature:** _____

Home Address:

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

****FOR USE BY RESIDENCE LIFE STAFF ONLY****

Initial and Date is required for each line.

Request Approved: _____ **Guest Card Completed:** _____ **Entered Into Database:** _____

Additional Notes: _____
