

# SUU SOUTHERN UTAH UNIVERSITY

## SUU OVERNIGHT

### DIRECTIONS

**Step 1** Fill out and/or sign this application.  
**Step 2** BRING THIS APPLICATION WITH YOU TO CHECK -IN.

**\*\*\* YOU WILL NOT BE ALLOWED TO CHECK-IN WITHOUT THIS WAIVER FORM.\*\*\***

### PERSONAL INFORMATION

please print legibly

first name last name

- - social security number

parent(s) or guardian name

( ) phone number

### SUU OVERNIGHT

Check-in begins at 5 PM in the Sharwan Smith Center Starlight Room. The OVERNIGHT will conclude on Friday by 1 PM.

### ACCEPTANCE & WAIVER OF LIABILITY

I, \_\_\_\_\_, as a parent or legal guardian of \_\_\_\_\_, understand and represent that his/her participation in the Southern Utah University Overnight is wholly voluntary. I hereby agree to hold Southern Utah University and/or the State of Utah harmless and assume all liability unto myself for any accident, injury, sickness or death which may occur to my student as a direct result of his/her participation in the activity except to the extent such injury or death arises as a result of gross negligence or intentional misconduct of Southern Utah University, any of its employees or students. I understand that my student will receive transportation and boarding from an SUU student. It is understood that Southern Utah University does not have any insurance or fund of any kind which can or will insure my student against injury, harm, or death, which may result from my dependent's participation in this weekend, and that I must personally stand any cost therefore, or should I so desire, I must personally arrange and pay for such coverage through independent commercial insurance sources. I certify that I have signed this waiver intentionally and voluntarily, without any coercion or duress and with full and accurate understanding of its meaning and effect.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I accept the invitation to attend Southern Utah University's Overnight. I have read and completed the instructions on this application. Any special medical or diet considerations are listed below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical or Diet Considerations

**\*\*\*YOU MUST HAVE THIS WITH YOU IN ORDER TO CHECK-IN\*\*\***