Individual Campus Visit Waiver

We trust that you will have an enjoyable and safe experience during your stay at CSB/SJU. However, we ask that you, along with a parent or guardian, complete this form and return it in the enclosed envelope or bring it with you when you arrive on campus.

**Parent/Guardian Section:**
I give permission for my son/daughter _________________ to participate in a CSB/SJU Campus Visit occurring _____________. In consideration of the opportunity being extended to him/her, I, acting as parent/guardian for my son/daughter and for his/her heirs, executors, administrators, and assigns, hereby release the College of St. Benedict and Saint John’s University and its Board of Trustees, officers, employees, agents, students, programs, and entities (collectively, ’CSB/SJU”) from any and all liability for losses, damages, injuries, or costs of any kind that may arise out of or that may in any way be related to participation in this event, including but not limited to those based on negligence. I understand that this Request and Release means that, among other things, I am giving up the right to sue CSB/SJU for any such losses, death, damages, injuries, or costs that we may incur.

I am also by my signature authorizing medical treatment for my son/daughter should it be deemed necessary by a licensed physician.

Please print the following information.

Parent/guardian name: __________________________________________

Daytime phone number: _________________________________________

Evening phone number: _________________________________________

Parent/guardian signature: _____________________________ Date: ____________

Insurance company: __________________________________________

Policy/group number: _________________________________________

Please explain any special circumstances of which we should be aware (e.g. allergies):

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**Student Section:**
In consideration of the opportunity being extended to me, I hereby agree to follow CSB/SJU rules and regulations while I am a guest of the campus. I understand that individuals may **not** consume alcoholic beverages in the state of Minnesota until the age of 21 and I will **not** consume alcoholic beverages while visiting the campuses. I further understand that guests of the University who fail to abide by the standards set by the CSB/SJU community or who violate state law will be asked to leave campus at their own expense.