



Occupancy in campus housing or use of The College of Idaho facilities is conditional on the acceptance of a set of terms and regulations established by the college. These rules and regulations are requirements of state or federal law, the college, the Office of Residence Life or the event sponsor and are designed to maintain an appropriate physical and social environment for the mutual benefit of all conference guests and the college.

I understand The College of Idaho, its officers, employees and agents are not liable for property that may be lost, stolen or damaged in any way. I understand I have primary responsibility for my own safety, and I am expected to comply with all safety and emergency procedures. The college encourages participants and guests to keep their residence hall facilities locked at all times and report suspicious activities to campus security (208-459-5151).

I understand and assume all dangers and risks associated with this event and waive all claims or causes of action arising out of participations in this event and release all persons and agents from liability whether caused by negligence, breach of contract or duty, or otherwise, which I may ever have against The College of Idaho, its successors, Board of Trustees, officers, directors, shareholders, employees, agents and their heirs, executors and assigns.

My agreement to abide by this document is also intended to bind my successors, heirs, executors and assigns.

ACCEPTANCE OF TERMS AND CONDITIONS

- I and my child have read and agree to abide by the terms and conditions for on-campus living as expressed in the “Summer Conference: Housing Regulations and Specifications.”
- I accept the financial obligations and agree to pay all charges resulting from my or my child’s occupancy.
- I have read the “Summer Conference: Guest Housing Waiver” and agree to waive all claims or cause of action against The College of Idaho arising out of participation in this event.
- I authorize the Conference Organizers and/or the college to consent to medical treatment for my child in case of an emergency.

Signature of Participant

Date

Signature of Parent

Date