

Hamilton College Overnight Guest Contract

Thank you for your interest in taking a closer look at Hamilton College! We hope you will make the most of your visit and explore the academic, social, and residential offerings of the College.

Overnight guests (and parents or guardians) are required to complete this form and will not be able to stay overnight until it is submitted.

Please be aware that, as a guest of the College, you are required to abide by the same rules and regulations that govern the conduct of current Hamilton students. All overnight guests must read through these guidelines and sign your name to indicate you understand Hamilton’s policies..

- I am aware that once a non-refundable and non-transferable airline, train, or bus ticket is purchased for me, no changes to the itinerary can be made. In the event I have to withdraw from the program or am unable to attend after the ticket is purchased, my family will be responsible for reimbursing Hamilton College the full cost of the ticket.
- I understand that there are times that I will not be supervised during my overnight visit and I take full responsibility for my actions and behavior while visiting Hamilton College.
- I am aware that participants in overnight programs are required to abide by New York State law and the Hamilton [Code of Student Conduct](#) as outlined in the Student Handbook. I acknowledge that New York law prohibits the use of illegal drugs and alcohol by persons under the age of 21.
- Further, I understand that any negative or illegal behavior on my part during my campus visit will be considered by the admission committee and could jeopardize my admission or enrollment status at Hamilton College. I also understand that Hamilton will report any such behavior, including any violation of New York law or the Code of Student Conduct, to my secondary school.

Please return this form via email (koliver@hamilton.edu) before your visit. **You will not be allowed to stay overnight otherwise.**

Guest name (printed): _____

Guest signature: _____ Date: _____

Guest cell phone: _____

Emergency Information:

Parent/Guardian name (printed): _____

Parent/Guardian signature: _____ Date: _____

Parent cell phone: _____

Allergies or special medical needs: _____