

# OVERNIGHT GUEST FORM

## Waiver of Liability



This agreement releases *Southern Arkansas University Tech* from all liability relating to injuries that may occur during your stay in our campus housing. By signing this agreement, I agree to hold *Southern Arkansas University Tech* entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I acknowledge the risks involved in voluntarily staying in campus housing and all risks have been made clear to me. I acknowledge that I am financial liable and responsible for any damages that I incur during my stay. I also acknowledge I will obey and follow all housing rules, safety rules, housing staff including resident assistants, campus police, and the policies and procedures of *Southern Arkansas University Tech*.

By signing below I forfeit all right to bring a suit against *Southern Arkansas University Tech* for any reason and in return, I will receive the opportunity to stay in campus housing free of charge

Resident Name: \_\_\_\_\_ Room: \_\_\_\_\_

Guest Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Age of guest: \_\_\_\_\_ Date(s) of Requested Stay: \_\_\_\_\_

\*If guest is below the age of 18, a parent's signature is required\*

Reason for stay:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Overnight guests are not allowed without this written request being submitted and approved by the Resident Advisor or the Director of Student Life at least 24 hours in advance of ANY overnight guest.**

\_\_\_\_\_  
Guest Signature / Parent signature (if guest is under the age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident signature

OFFICE USE ONLY:      Approved:     Denied:

\_\_\_\_\_  
Director of Student Life and Housing

\_\_\_\_\_  
Date