UIW OVERNIGHT PROGRAM REQUIREMENTS

Thank you for your interest in participating in our overnight program. We look forward to you joining our community for an exciting and informative weekend. Through planned activities and an overnight stay, we hope you gain a greater sense of university life. Our goal for the weekend is not only to have fun, but also to help you gain greater insight about what the University of the Incarnate Word has to offer you.

**Check-in:** Sunday at 4 p.m. at the Marian Hall Student Center. Come ready to meet your student host and enjoy the Cardinal Overnighter. Monday, you’ll have the opportunity to attend UIW classes.

**Parking:** Parents and students, when you arrive on campus you may park in any unmarked parking space near Marian Ballroom. If you will be leaving a vehicle overnight, you will be given a parking permit and additional parking instructions upon check-in.

**Check-out:** Monday, between 11:00 a.m. and 3:00 p.m. on Monday depending on your individual class schedule. You can be picked up at the Marian Hall Student Center.

**Registration and the $35.00 fee must be received 9 days prior to the event.** We are unable to accommodate late registrants or walk-ins.

The University of the Incarnate Word provides reasonable accommodations with adequate notice. To request disability accommodations for this event, please contact Jessica Medina, Office of Admissions at 210-805-3557, at least 5 business days in advance.

**Forms you will need to have with you at check-in:**
- Waiver Form (below)
- Medical Release & Insurance Form (below)

**Additional items you need to bring:**
- Sleeping Bag and Pillow
- Towel
- Toiletries
- Comfortable Clothing

**Important Numbers for Parents:**
In case of emergency, please call:
- UIW Police (210) 829-6030
- UIW Switchboard (210) 829-6000
- UIW Admissions (210) 829-6005

If you have any questions, please feel free to call the Office of Admissions at 1-(800) 749-WORD or (210) 829-6005. We look forward to seeing you soon.

Sincerely,

Jessica A. Medina
Campus Visit Coordinator
UNIVERSITY OF THE INCARNATE WORD
RELEASE AND INDEMNIFICATION AGREEMENT

Please print and complete in full.

1. PARTICIPANT
   a. Name ________________________________
   b. Address (Street, City, State, Zip) ________________________________

2. Parent/Guardian Name (and address if different) ________________________________

3. Date(s) of Activity ________________________________

4. Activity/Event ________________________________

Participant: Participant wishes to attend the University of the Incarnate Word Event or sponsored activity. Participation is voluntary and will not affect Admission to University of the Incarnate Word (UIW). Participant agrees to abide by all university, city, and state policies, regulations, and laws and understands that non-compliance with university staff directives, and/or policies, regulations and laws will result in immediate dismissal from the program and/or criminal prosecution. Participant MAY NOT LEAVE the Overnight Program at any time without prior notification to the appointed Admissions representative. Failure to comply with this rule will result in dismissal of Participant from the Overnight Program. I understand that Participant will be released only to the parent/guardian, unless prior arrangement has been made with the appointed Admissions representative.

RELEASE AND INDEMNIFICATION: We acknowledge that there may be inherent risks, arising from failure to follow instructions, communicable illness, and independent acts of third parties not under the control of UIW. We acknowledge that all risks cannot be prevented. In consideration of Participant being permitted to participate in the Activity, we accept all risk to Participant's health and of his/her injury or death that may result from such participation and we release UIW, its Trustees, officers, employees, and representatives from any and all liability to parents/guardians and Participant for all claims for loss of personal property, illness or injury to Participant, including death, in any way connected with the Activity, including injuries caused by any other participant in the activity whether caused by negligence of the UIW or otherwise. We further agree to indemnify and hold harmless UIW, its Board of Trustees, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the Activity.

We have carefully read this agreement and understand it to be a release of all Claims and causes of action for injury, death or damage to Participant that occurs while participating in the activity and it obligates us to indemnify UIW for any liability for injury or death of any person and damage to property caused by participant's negligent or intentional act or omission.

Participant and Parent/Guardian shall execute this document:

Participant (please print) ____________________________
Participant’s Signature and Date ____________________________

Parent/Legal Guardian (please print) ____________________________
Parent or Guardian’s Signature and Date ____________________________

Parent/Legal Guardian Contact Numbers (include home and cell)

PLEASE BRING THIS COMPLETED FORM WITH YOU TO THE OVERNIGHT EVENT
OVERNIGHT PROGRAM MEDICAL RELEASE AND INSURANCE FORM

Please print.

I, ____________________________, as the parent/legal guardian of ____________________________ hereby authorize Javier Lara, Director, or her designee, at the University of the Incarnate Word, to seek appropriate medical treatment for ____________________________ in case of emergency while he or she is attending the Overnight Program at the University of the Incarnate Word beginning at 4pm (date of day 1)______________ to 3pm (date of day 2)______________.

In case of medical emergency, I understand that every reasonable attempt will be made to contact me. If I cannot be reached, I authorize first aid and medical treatment as may be recommended by licensed healthcare professionals for the treatment of injury or illness to my son/daughter. The attending provider, UIW, its Board of Trustees, officers and employees, and representatives shall not be responsible in any way for any consequences from such treatment and are released and indemnified by me from any and all claims and causes of action that may arise from such treatment. I assume full responsibility for all medical expenses incurred as a result of any medical treatment and understand that UIW does not provide medical insurance for my son/daughter.

If your son/daughter requires medication during this activity, all medications must be identified below, must be in the original prescription container and must be provided to Jessica Medina, Visit Coordinator, or her designee, at the University of the Incarnate Word at check in, for dispensing as directed. The only exception to this is an asthma inhaler or epipen which shall remain in possession of your son/daughter, but must still be identified below. Please list all medications your child is currently taking, as well as any allergies he/she may have and any medical condition which we should be made aware of or which may affect your child’s ability to fully participate in this event.

____________________________________________________

____________________________________________________

The University of the Incarnate Word provides reasonable accommodations for special events with adequate notice. To request disability accommodation for events, please complete and submit a request for accommodation at least five university business days prior to the event at http://www.uiw.edu/ada/.

A photocopy of this authorization shall be as valid and may be accepted as the original.

Participant (please print) Participant’s Signature and Date

Parent/Legal Guardian (please print) Parent or Guardian’s Signature and Date

Parent/Legal Guardian Contact Numbers (include home and cell)