



2023 Off-Campus Non-Emory Travel Permission Form

As detailed in the Conduct Code, residential students are not allowed to leave campus with non-Pre-College personnel during the program unless their parent or guardian has previously received approval from Pre-College staff and completed this form. **We discourage students from leaving campus to visit friends and relatives during the program.** This form must be completed and returned to Residence Life personnel by Pre-College Session Check-In of any proposed off- campus travel. Students must check in/out with the RA on-call upon departure and return from campus.

I, the undersigned parent/guardian, hereby permit my child to leave the Emory University Pre-College Program for one the following circumstances (choose one):

My child has permission to leave the program under the supervision of the following designated adult at the specified date/time:

Designated Adult (first and last name): _____

Designated Adult Phone Number: _____

Departure Day/Time from Campus: _____

Return Day/Time from Campus: _____

My child will be traveling unaccompanied to a designated location at a specified date/time (this option is only to be used in exceptional circumstances such as travel to/from the airport while the Program is still in session):

Designated location: _____

Departure Day/Time from Campus: _____

Return Day/Time from Campus: _____

I understand that Emory University assumes no responsibility for my student when they are officially checked out of the program and I voluntarily assume all risks of accident or injury to my child, including death, or damage to property, that may arise out of their non-Emory sponsored, off-campus travel. I hereby indemnify, release, relieve, defend, discharge, and hold harmless Emory University and its officers, trustees, employees, students, volunteers and representatives ("Releasees") from any and all liability, whether for personal injury, property damage, or otherwise, arising out of or in connection with my child's non-Emory sponsored, off-campus travel.

BY SIGNING BELOW, I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND UNDERSTOOD THE ABOVE BEFORE SIGNING AND AGREE TO COMPLY WITH THE ABOVE PROVISIONS. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT, IF ANY PORTION OF THE RELEASE, COVENANT NOT TO SUE & WAIVER ("RELEASE") IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

I expressly agree that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia without regard to conflict of law principles.

Student Name: _____ Birth date: _____
First Middle Initial Last

Parent Name: _____
First Middle Initial Last Suffix

Signature: _____ Date: _____

This form is to be completed by parents/guardians and returned to [Scott Hackett](#) via email prior to Check-In