INFORMATION FOR OVERNIGHT VISITORS TO BOWDOIN COLLEGE

(Please print this sheet, obtain the required information and signatures, and fax to the
attention of your recruiting coach at 207-725-3019 at least five days prior to your visit.)

Welcome to Bowdoin! Campus visits are a great opportunity to learn more about the College, so we hope you will
use your time on campus to explore the academic, social and residential life at Bowdoin.

Prior to your visit, please coordinate a time and location on campus to meet your coach and student host.

Please bring contact information for your recruiting coach with you on your recruiting visit. In the
event of an emergency, Bowdoin security can be reached by dialing 207-725-3314.

As a guest of the College, you are required to abide by the same rules and regulations that govern the conduct of
current Bowdoin students. Please read the following and sign your name to indicate you have read and understand
the statements below:

- I am aware that although Bowdoin College has agreed to host me overnight, neither the Admissions Office
  staff, nor any other personnel of Bowdoin will be supervising me at all times during my stay on campus.
  Visiting students, like enrolled students, are responsible for their behavior within the expectations outlined
  below.

- I am aware that participants in on-campus visitation programs are required to abide by Maine state law and
  the Social Code, which governs conduct of students enrolled at Bowdoin College. I acknowledge that
  Maine law prohibits use of illegal drugs and prohibits the use of 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 Admissions Office in any evaluation of my application for admission to the College. I
  also understand that Bowdoin will report any such behavior, including any violation of Maine law or the
  Social Code, to my secondary school.

Signature ________________________________________ Date _________________________
Print Name _____________________________________________
Date of overnight visit ____________________________________
Sport(s) ________________________________________________
Recruiting Coach _________________________________________
PERMISSION/MEDICAL RELEASE FORM AND RELEASE OF CLAIMS/INDEMNITY

This form is necessary for any visiting student. **You will not be allowed to stay overnight without completing and returning this form.**

Name of Student: ________________________________ Date of Birth: ________________________________

Home Address: ________________________________________________________________

Phone Number: ________________________________ High School: ________________________________

Cell Phone Number: ________________________________

Special Medical problems, allergies to medication:

Name of Parent or Guardian: ______________________________________________________________

Home Address: ________________________________________________________________

Business Address: ________________________________________________________________

Daytime Phone Number: ________________________________ Evening Phone Number: ________________________________

Cell Phone Number: ________________________________

The undersigned parent or guardian hereby gives permission for the above-named student to visit Bowdoin College.

The undersigned parent or guardian and the undersigned student hereby authorize a representative of Bowdoin College to consent to any medical treatment for the student in the event of an emergency.

The undersigned parent or guardian and the undersigned student, on behalf of themselves, their personal representatives, heirs, successors and assigns, hereby release, discharge, indemnify and hold harmless Bowdoin College, its Trustees, officers, agents and employees from and against any all claims, liabilities, demands, causes of action, losses, debts, costs and expenses of every kind and nature whatsoever (collectively, “Claims”) arising directly or indirectly from or attributable in any way whatsoever to my child’s visit to Bowdoin College, including without limitation any and all such Claims arising directly or indirectly from or attributable in any way whatsoever to any act or omission, including any negligent act or omission, on the part of Bowdoin College, its Trustees, officers, agents or employees.

By signing below, the undersigned parent or guardian and the undersigned student each acknowledge (i) that he/she has read and fully understands all the provisions of this Permission, Medical Release and Release of Claims/Indemnity, and (ii) that he/she has read and agrees to comply with the policies described in the document entitled Information for Overnight Visitors to Bowdoin College.

__________________________________________  ____________________________  ____________________________  ____________________________
Signature of Parent/Guardian                  Date                  Signature of Student                  Date