



**KEENE STATE COLLEGE  
Recruit Overnight Form**

I am aware that although Keene State College has agreed to host me overnight, I will not be subject to the continual supervision or custody of the College or any of its departments or personnel. I understand and agree that I will be fully responsible for my behavior at all times during my visit.

I further understand and agree that at all times during my visit I am required to obey all federal, state, and local laws as well as the applicable policies of the College and that if I fail to do so the College may terminate my visit, report my behavior to my parents or guardians, report my conduct to the appropriate law enforcement officials, and take any such further actions as may be warranted.

I specifically acknowledge that New Hampshire State Law and College policy prohibits the possession or consumption of alcohol by anyone under the age of 21. I hereby promise to obey the law and policy and acknowledge that I will be subject to criminal prosecution for failure to do so.

|                                  |                   |
|----------------------------------|-------------------|
| Prospective Student Athlete Name | Date              |
| Home address                     | Telephone         |
| Sport                            | Signature         |
| Emergency Contact                |                   |
| NAME_____                        | NAME_____         |
| PHONE_____                       | PHONE_____        |
| RELATIONSHIP_____                | RELATIONSHIP_____ |

**Parent/Guardian**

I give permission for my son/daughter to visit Keene State. I hereby release, indemnify and hold Harmless Keene State, its trustees, officers, agents and employees from and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my child's visit to Keene State. In case of an emergency and if we cannot be reached, we the undersigned parent/guardian hereby authorize a representative of Keene State to act on our behalf to consent to any medical treatment or care deemed advisable and access to medical information for my son/daughter.

|  |      |
|--|------|
| Parent/Guardian Signature                | Date |
| Student Signature (If over 18 years Old) | Date |

Please return this form to: KSC Athletics, 229 Main Street, Keene, NH 03435 fax# 603-358-2888