



Campus Safety  
Open 24/7  
804-752-4710

**STUDENT VISITATION AGREEMENT**

**Please check all that apply:**

- Prospective Student - Enrollment Staff \_\_\_\_\_
- Athletic Recruit - Sport/Coach \_\_\_\_\_
- Overnight Guest of Student - Host Student \_\_\_\_\_

The following visitation agreement is designed to ensure the safety and protection of the student host, the visitor, the parents of the visitor and Randolph-Macon College. **IT MUST BE RETURNED TO CAMPUS SAFETY @ 300 ENGLAND STREET BEFORE YOUR GUEST CAN**

**STAY** Please read completely and sign. Enjoy your visit!

**Overnight Guest Policy:** Overnight Guests (same or opposite sex), are allowed, but no more than two consecutive nights and not more than two, two-night periods within a 30-day period. The Host Student of an overnight guest must obtain permission from their roommate before the guest's arrival. All non-RMC overnight guests must be registered with Campus Safety located inside the Welcome Center at 300 England Street. Overnight guests are not allowed when Residence Halls are closed or during exam week (for students and non-students).

Visitor's Name \_\_\_\_\_ Visitor's Date of Birth \_\_\_\_\_  
 Visitor's Address \_\_\_\_\_ Visitor's Cell Phone Number \_\_\_\_\_  
 Date of Arrival \_\_\_\_\_ Date of Departure \_\_\_\_\_ Visitor's Temporary RMC Vehicle Tag Number \_\_\_\_\_  
 Visitor's Vehicle Information: Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate Number \_\_\_\_\_

**VISITOR RESPONSIBILITIES:**

**I agree to:**

- **Always stay with my student host**
- **My Student Host lives in**
- Not consume alcohol (if under 21) or illegal drugs during my visit.
- Use good judgment and adhere to safety guidelines as may be set forth by College officials.
- Register my vehicle with Campus Safety
- Adhere to and respect all Residence Life, Fraternity and Sorority Life, and Code of Student Conduct policies and the laws of the Commonwealth of Virginia.
- Be responsible for my behavior and the results of my actions while I am a visitor at RMC.

**FAILURE TO ABIDE BY THIS AGREEMENT MAY RESULT IN LOSS OF VISITATION PRIVILEGES TO RMC AND/OR REMOVAL FROM THE RMC CAMPUS AND/OR AFFECT YOUR ELIGIBILITY FOR ADMISSION**

**Visitor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**TO BE COMPLETED FOR GUESTS **UNDER 18 YEARS OF AGE.****

Cont'd on Page 2 →

Parent or Guardian Name(s) \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_  
 Residence \_\_\_\_\_

**PARENT OR GUARDIAN RESPONSIBILITIES:**

**I agree to:**

- Leave phone and lodging/residence information for contact in the event of an emergency.
- Disclose any medical conditions (see reverse side) that might need attention during the visit.
- Hold harmless RMC, its employees, students and trustees of any responsibility for any behavior on the part of

my son or daughter, and the results of said behavior which may violate this agreement, local laws and/or College policies.

- Discuss the contents of this agreement with my son or daughter to ensure their compliance with it.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

---

### MEDICAL CONSENT

The following consent form should be completed and signed by a parent or guardian so that indicated medical care may be given without unnecessary delay. No major procedures will be performed, except in extreme emergencies, without the parents or guardians of the prospective student/athletic recruit/overnight guest being notified and fully informed, unless the prospective student/athletic recruit/overnight guest has achieved at least 18 years of age.

**I GIVE PERMISSION TO ANY QUALIFIED COLLEGE OR OTHER EMERGENCY MEDICAL PERSONNEL TO CARRY OUT SUCH EMERGENCY DIAGNOSTIC AND THERAPEUTIC PROCEDURES AS MAY BE NECESSARY FOR MY SON/DAUGHTER TO RENDER EMERGENCY CARE AND ANY OTHER MEDICAL CARE.**

Prospective Student /Athletic Recruit /Overnight Guest Name (PLEASE PRINT) \_\_\_\_\_

Name of Parent or Guardian, if under 18 (PLEASE PRINT) \_\_\_\_\_

Medical Condition(s)/Allergies to Medication(s)

Current

Medication(s) \_\_\_\_\_

Parent/Guardian Signature or Guest Signature if over 18 \_\_\_\_\_

Witness \_\_\_\_\_

### **Emergency Contact Information**

Name of Emergency Contact \_\_\_\_\_ Relation to Guest \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

---

Host's Name \_\_\_\_\_ Residence Hall \_\_\_\_\_

Room \_\_\_\_\_ Cell Number \_\_\_\_\_

### HOST'S RESPONSIBILITIES:

#### I agree to:

- Always stay with the visitor.
- Report any medical conditions/emergency to the College immediately at (804)752-4710
- Report immediately any policy violation to a College Official.
- Never take a prospective student or athletic recruit off-campus without the express permission of the authorizing official.
- Adhere to and respect all Residence Life, Fraternity and Sorority Life, and Code of Student Conduct policies and the laws of the Commonwealth of Virginia.

**I UNDERSTAND THESE INSTRUCTIONS AND THAT FAILURE TO ABIDE BY THIS AGREEMENT MAY RESULT IN JUDICIAL ACTION, AS WELL AS ADDITIONAL ADMINISTRATIVE ACTION**

Host signature \_\_\_\_\_ Date \_\_\_\_\_