



Guest Name: \_\_\_\_\_ Registration Valid From: \_\_\_\_\_ To: \_\_\_\_\_

Guest ID: \_\_\_\_\_ DOB: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

Guest Vehicle Info: Make: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_ Parking Permit #: \_\_\_\_\_

Host Name: \_\_\_\_\_ Hall/Room: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Is this an Athletics Department overnight stay? (yes/no): \_\_\_\_\_ If yes, have you turned in your completed Athlete Overnight Visit Form to the Athletics Department? (yes/no): \_\_\_\_\_

Campus Safety Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
(print name)

I understand that this is my temporary identification and should be presented to College staff with my picture ID to identify me as a guest. I further understand that I am to abide by the regulations of the College, respond to directives of college staff, and respect the rights and requests of the other assigned occupants of the room in which I stay. Violations of College policy, local, state or federal law will likely result in removal from campus and/or law enforcement involvement.

I have read and agree to comply with the above stated conditions. \_\_\_\_\_  
Guest Signature Date

**Host Agreement:**

I accept full responsibility as a host for the above-mentioned guest.

As host:

- I have ensured that my guest has completed the Guest Registration Form and registered with Campus Safety (whether sleeping here or not) immediately upon arrival and no later than the start of quiet hours Sunday-Thursday, 10:00 p.m.; Friday and Saturday, 1:00 a.m.
- I have reviewed the Guest policy (which can be found on the College's website) in its entirety and have made my guest familiar with the rules of Colby-Sawyer College.
- I will ensure my guest complies with all policies and the rules.
- I understand that I can only host a maximum of two overnight guests for no more than two nights in any seven-day period.
- I have obtained permission from my roommate(s) for this guest to stay for the above identified time and dates prior to this visit.
- I understand that it is the right of every student to have privacy in his/her assigned room at any time.
- I understand that no student should at any time feel obligated to relinquish that right. Use of a student room for visitation will be with the mutual agreement of all roommates.
- I understand that my roommate has the right to disapprove the guest registration at any time.
- I understand that it is the right of any resident of a room to ask a guest to leave. Students should seek Residential Education staff or Campus Safety assistance if a guest refuses to leave when requested.
- I understand that in the interest of preserving privacy, any student entertaining guests in their rooms may be expected to move to, or meet in common areas with their visitors.
- I understand that I, the host of the guest, am responsible for activity taking place or property stored in that room, whether or not I am present. It is essential that all students lock their doors when they leave their rooms.
- I understand that residential students (to include myself) that have concerns about visitation should first contact a Residential Education staff member.

I have read the above Host Agreement and my signature confirms that I understand and accept these responsibilities. By signing I also acknowledge that I will be held accountable for the actions of my guest, any violation of the Code of Community Responsibility and/or any resulting damage.

\_\_\_\_\_  
Host Signature Date

**Under 18 Registration (to be completed by the Minor Guest's Parent/Guardian):**

I understand that (*Minor guest's name*) \_\_\_\_\_ will be staying in a Colby-Sawyer College residential facility that is staffed but unsupervised; that the responsibility for my son/daughter rests with the student host, not with Colby-Sawyer College and if my son/daughter is involved in an incident which violates local, state or federal law s/he will have their guest privileges revoked and they will be referred to the New London Police Department.

Parent or Guardian (*please print*): \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Parent or Guardian (*signature*): \_\_\_\_\_ Date: \_\_\_\_\_