

Texas Lutheran University  
1000 West Court Street  
Seguin, Texas 78155



**Texas Lutheran University  
Overnight Visit Agreement & Release Form**

Thank you for your interest in Texas Lutheran University! As a campus guest, Texas Lutheran University (TLU) requires that you assume the same responsibility for your actions that TLU students have assumed. When you sign up for an overnight visit, you will be required to indicate that you understand and agree to the statement below.

Failure to follow these guidelines could result in the notification of campus security, your parents, and the Seguin Police Department.

**Visitation Agreement**

I am aware that although TLU has agreed to host me overnight, neither the Admissions Office nor any other office or personnel of TLU will be supervising me during my stay on campus. Visiting students, like enrolled students, are responsible for their behavior and are expected to behave as adults within the expectations described below.

I am aware that participants in on-campus visitation programs are required to abide by federal and state laws, local municipal codes and the policies governing student conduct in the TLU Student Handbook that all students enrolled at TLU are expected to follow. I acknowledge that Texas law prohibits the consumption of alcoholic beverages by persons under the age of 21 years, as well as the use of controlled substances.

Further, I understand that any negative behavior during my campus stay will be considered by the Admissions Office when reviewing my application. Any violation of the rules stated above or any damage to TLU property may impact my application to TLU.

_____	_____	_____
Student Guest Signature	Print Name	Date
_____	_____	_____
Parent/Legal Guardian Signature	Print Name	Date
_____	_____	_____
TLU Responsible Party (Staff/Coach Host)	Print Name	Date

## PERMISSION/ MEDICAL RELEASE FORM

This form is required for any student visiting overnight. Please complete the form and make sure to email or mail it to the TLU staff member or coach who is responsible for scheduling your overnight visit at least 48 hours before your visit. You will not be allowed to stay overnight without this form.

Date arriving to campus: \_\_\_\_\_  
 Date departing campus: \_\_\_\_\_

Name of Parent/ Guardian: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Student Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT**  
 (IF PARENT/ GUARDIAN CANNOT BE REACHED):  
 Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

**ALLERGIES/MEDICATIONS/ SPECIAL MEDICAL CIRCUMSTANCES:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I give permission of my son/ daughter named above to visit Texas Lutheran University (TLU). I hereby release, indemnify, and hold harmless TLU, its regents, officers, agents, and employees from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my child's participation in this visit to TLU. In case of an emergency and if we cannot be reached, we the undersigned parent or guardian of the above-named child, do hereby authorize a representative of TLU to consent to any medical treatment or care deemed advisable.

**Signature of Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In the event that my son/ daughter's photograph is taken during the course of campus events, I give permission to TLU to use my son/ daughter's photograph on their website or in their publications.

**Initial of Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have read and fully understand all of the provisions of this Permission Form. I have also read and agree to comply with the Visitation Agreement.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FOR OFFICE USE ONLY		
<b>TLU Host: Staff Member/Coach</b>	Name:	Contact #:
<b>TLU Student Host</b>	Name:	Contact #:
<b>TLU Residence Life Staff</b>	Name:	Contact #: