Pre-College Housing Program Waiver
Waiver of Claims and Release from Liability

This form is to be filled out completely and returned with your housing application.

Student’s Name: ___________________________  Last               First

Authorization and Release:

I/we, the undersigned, hereby certify that I/we are the parent or legal guardian of the student. I/we further certify that the student is physically, emotionally, and mentally capable of residing in student housing and participating in all related activities for NYSID’s Pre-College Housing Program. I/we hereby give permission for the staff of NYSID’s Pre-College Housing Program to seek appropriate medical treatment for the student during the period of residence and for the student to receive medical attention in the event of an accident, injury, disease or illness. I/we will be responsible for all costs of medical attention provided. As a condition to the student’s residence and participation in the NYSID Pre-College Housing Program, I/we, for ourselves individually and on behalf of the student, our heirs, executors, and administrators, hereby waive, release and forever discharge New York School of Interior Design, its directors, staff, partners, agents, consultants, employees, independent contractors and volunteers (collectively, the Released Parties), from any and all liability, claims, demands, actions, and causes of action during participation in, including periods of rest or other activities related to or otherwise associated with the NYSID Pre-College Housing Program and/or duties or the breach of any duties that the Released Parties have or are alleged to have to the student or the undersigned in connection with the student’s transportation to, transportation from, participation, lodging, meals and medical decisions relating to the NYSID Pre-College Housing Program, whether or not such damages, injury or loss due to the negligence, strict liability or other legal fault of one or more of the Released Parties.

By signing this I hereby certify that I have read and agreed to the waiver of liability terms set forth in this document, and that all the information I have provided is accurate and complete.

Parent/Legal Guardian (print): __________________________________ Date: ______________________

Parent/Legal Guardian (signature): __________________________________________

Student’s Signature: ___________________________________________________ Date: ______________________