



## Residence Life– Overnight Guest Registration Form

This form must be emailed to [reslife@njit.edu](mailto:reslife@njit.edu) no later than 12 noon on the business day (Monday-Friday) prior to the date of the visit. In addition to the completed form, the host must send an email to Residence Life, copying all roommates/suitemates, noting their approval prior to the guest’s arrival.

*Please present this form, once signed by Residence Life, to the Desk Attendant upon arrival to the host building as proof of approval.*

### Under 16 Registration: To be completed by the Minor Guest’s Parent/Guardian

I understand that (Minor guest’s name) \_\_\_\_\_ will be staying in the residential facility that is staffed but unsupervised; that the responsibility for my son/daughter rests with the student host (student host’s name) \_\_\_\_\_ not with Residence Life and if my son/daughter is involved in an incident which violated local, state or federal law they will have their guest privileges revoked and they will be referred to NJIT Public Safety.

I release and discharge NJIT, and all their employees, volunteers and other agents (“Releasees”) from any liability in connection with obtaining emergency medical services for my child. I further agree to indemnify, defend and hold the Releasees harmless from and against all claims, demands and suits brought against them in connection with this release.

Guest Age and Date of Birth: \_\_\_\_\_

Guest Emergency Contact Name & Relationship: \_\_\_\_\_

Guest Emergency Contact Cell: \_\_\_\_\_

Guest Arrival Date & Time: \_\_\_\_\_

Guest Departure Date & Time: \_\_\_\_\_

Host Building: \_\_\_\_\_

Host Room: \_\_\_\_\_

Host Cell: \_\_\_\_\_

Parent or Guardian (please print)

Parent or Guardian (signature)

Contact Telephone

Date

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_