Clemson University
Acknowledgement of Responsibility and Indemnification Form for Minors – Summer Programs

I, ______________________ (print full name of parent or legal guardian) understand that in consideration of my child or ward (hereafter the “resident”), ______________________ (print full name of minor) begin permitted to reside in Clemson University campus housing from _____________(date) to _____________(date) I must agree to certain conditions. Therefore, I hereby understand, acknowledge and agree to the following terms and conditions:

1) I am the legal parent or guardian of the resident named above.

2) I agree to hold Clemson University, its board of trustees, officers, directors, administrators, employees, representatives, masters, servants, agents, volunteers, successors, and assigns (hereafter, the “University”) harmless in regards to any legal claim or financial obligation for any resident’s personal property that may have been lost, damaged, or stolen during the summer program. Further, I understand that all residents in the University’s summer programs are encouraged to carry appropriate insurance to cover such losses.

3) I am responsible for the condition of the residence space assigned to the resident and shall reimburse the University for any and all damage to the space as well as any damage to or loss of fixtures, furnishings, or properties furnished under the contract. Further, I acknowledge that no alterations may be made to the residence space, its fixtures or furnishings.

4) I agree that the resident will take every precaution to assure that communal areas including, but not limited to, baths, stairwells, elevators, lounges, and kitchens are not abused. I will reimburse the University for any damage caused by the resident to communal property, the resident’s residential space, or to any other University property. In halls or areas where the University has determined that there is abuse or destruction of University property and the responsible individual(s) cannot be identified, all summer programs residents assigned to the building in which the common space is located may be held responsible for paying a prorated portion of repair and/or replacement costs. In such event, I agree to pay the prorated repair and/or replacement costs on behalf of the resident.

5) I understand that I am responsible for any key issued to the resident. Keys are issued at check-in. Keys must be returned when occupancy is terminated. If a key is lost or not returned when occupancy is terminated, the lock will be re-core and new keys will be made. The cost for these services is $75 per key/key fob lost and will be charged to the resident. All keys are property of the University and bear the statement “State of S.C., Do Not Duplicate.” Those violating this provision, or who possess keys other than the one assigned to them are subject to eviction from University housing.

6) I agree that the resident will abide by the University Housing Summer Programs residency rules and local, state and federal laws. I understand that the resident will be immediately removed for possession or use of illegal substances, illegal possession or use of alcoholic beverages, destruction of property or disruptive behavior. Smoking is prohibited in all University housing facilities. I understand that the University may remove the resident for non-compliance with University Housing Summer Programs residency rules or local, state and/or federal law.

7) I hereby agree to indemnify and hold the University harmless from and against any and all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with resident’s inclusion in the University’s summer programs including by way of example, but not limited to, all attorneys’ fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal.

REQUIRED SIGNATURE

Resident Name___________________________________________

Parent or Legal Guardian Name___________________________________________

Parent or Legal Guardian Signature_________________________________________ Date: _____________

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