

Rowan University Lil' Sibs Weekend || April 4th - 6th, 2025 || Agreement & Application

Lil' Sibs Weekend is open to Rowan Students and their siblings (nieces/nephews/cousins) ages 5-18.

Please return the below to Melissa Ulmer in Student Center, Suite 120 or email: ulmer@rowan.edu

All siblings must be pre-registered by April 1, 2025. **There will be no on-site registration.**

T-shirt Orders are due by March 24, 2025.

Rules and Regulations For Sibs Weekend

- 1) Only Rowan Students may sponsor siblings and are only permitted to sponsor up to 4 siblings. For an exception, please email ulmer@rowan.edu with a written request.
- 2) Siblings may NEVER be left unattended. Students must escort their sib at all times.
- 3) Students are expected to be role models for their siblings.
- 4) Rowan students and their siblings are responsible for all of their meals not provided during the event.
- 5) All t-shirt orders are due by March 24, 2025. More information on the second page.
- 6) Programming will be aimed at sibs ages 5 and up.
- 7) ALL RESIDENCE LIFE POLICIES ARE IN EFFECT; however, sibs are exempt of the visitation policy with proper ID and registration.
 - a) The number of sibs in one room should not exceed the number of people allowed by fire codes.
 - b) Opposite gender sibs will be permitted to stay with the resident unless there is an objection from the roommate(s) about the sib's visit. The host is responsible for informing the roommate(s) about the sib's visit by signing the below.
 - c) In residence halls with community restrooms, each host must locate a gender specific bathroom for the use of their sib in compliance with Residence Life policies.
 - d) The Office of Residential Learning and University Housing reserve the right to render decisions in special situations for the betterment of the community as stated in the Rowan University handbook. Any violation of Residential Learning and University Housing policies, the terms of your Residential Learning and University Housing contract, and those policies of state or local laws will be construed as a violation of University policy.
- 8) Sibs are required to carry their RU sibs ID card/name tag at all times during the weekend.
- 9) In the case that the Rowan student or a registered sibling require any accommodations, please email ulmer@rowan.edu with the subject line "Lil' Sibs Weekend Accommodation Request"
- 10) In-person check-in is required at the specified times as indicated on the Sibs schedule (to be sent out closer to the event date) in order to attend any university-sponsored programming.
- 11) ALL communication regarding the weekend (including programming reminders, updates, etc.) will be communicated with the Rowan sibling ONLY.

I, _____(Student Name), have read and understand the above rules and do hereby release Rowan University and its staff from all liability for damages and injuries which my sibling or I may sustain during Sibs Weekend. I understand that I am responsible for the welfare of my sibling during this time. I also understand and agree to the rules & regulations as stated above.

Student's Signature: _____ Date: _____

I, _____(Legal Guardian), have read and understand the above rules and regulations. I hereby release Rowan University and its staff from all liability and agree not to sue Rowan University or any related parties for damages and injuries which my child (non Rowan student, under 18 years of age) may sustain during Sibs Weekend.

Parent/Legal Guardian Signature: _____ Date: _____

Please complete pages 1-3 of this form in order for your application to be approved. For questions please contact Melissa

Ulmer at ulmer@rowan.edu

Rowan Student's Name: _____

On-Campus / Off-Campus (Circle One)

On-Campus Residence Hall: _____

Phone Number: _____

Student's Rowan Email: _____

Sib's Name: _____

Age: _____

Sib's Name: _____

Age: _____

Sib's Name: _____

Age: _____

In Case of Emergency Contact Name: _____

Relationship of Contact: _____ Emergency Contact Phone Number: _____

Lil' Sibs Weekend Shirts can be purchased for Rowan students and their Sibs for \$10 per shirt. If you would like to purchase, please indicate the number of shirts with sizes. **Please indicate adult or child sizes. T-Shirt orders are due by March 24, 2025.**

Shirt Sizes: Child XS – Child XL, Adult Small – 5XL

Shirt Size _____ Shirt Size _____ Shirt Size _____ Shirt Size _____

Photo Release Form

I hereby consent to and authorize the use and reproduction by Rowan University, or anyone authorized by Rowan University, of any and all photographs that have been taken of Lil' Sibs this weekend for any purpose, without compensation to me or my assignees. All images and digital files are owned by the University. The University reserves the right to use these photographs in any of its print or electronic publications.

I (Parent/Legal Guardian) hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Full Name

Signature

Date

***Please list anything we should know about your Lil' Sib below:
(Dietary Restrictions, Allergies, Medical Conditions, etc.)***

Housing Information

I understand that my roommate will be hosting a sibling during Lil' Sibs Weekend and I give my permission for my roommate's sibling to spend the night in our room or apartment. Please sign below:

X _____

X _____

X _____

X _____

X _____

X _____

My sibling is not staying overnight or I do not live on campus _____ (please initial)

Finally, please complete the REQUIRED participant waiver (next page) for EACH Lil' Sibs participant (Rowan students & sibs).



Rowan University

RELEASE AND WAIVER

Acknowledgment and Release Agreement for Participation in Lil' Sibs Weekend 2025 at Rowan University

I hereby certify and agree that _____ (please print: First, Middle, Last Name of Child) (hereinafter, "My Child") has my approval to participate in Lil' Sibs Weekend 2025 (hereinafter "the Event") to be held from April 4-6th, 2025, at Rowan University.

By signing below, I acknowledge that by permitting My Child to participant in the Event, I agree to the following:

I agree that My Child's participation in the Event is completely voluntary and we assume all risks of injury, illness, or loss of personal property resulting from such participation. I acknowledge that there are risks of personal injury and illness, which may result from participating in this Event. This waiver and release of liability includes, without limitation, all injuries which may occur during the Event. I agree to release and discharge Rowan, and all affiliates, employees, agents, representatives, successors, or assigns ("Released Parties"), from any and all claims or causes of action relating to the Event and I agree to voluntarily give up and waive any right that we may have to bring a legal action against Rowan, and all affiliates, employees, agents, representatives, successors, or assigns for personal injury or property damage. I further agree that this Release and Agreement not to sue will be binding on my heirs and successors.

I further agree that if a claim is filed by a third party in connection with My Child's conduct or behavior while engaged in the Event, I will indemnify and hold harmless Released Parties against any such claims, including attorney's fees incurred by Rowan University and all Released Parties.

I fully understand any and all potential risks that may relate to My Child's participation in the Event and I have voluntarily chosen to permit My Child to participate in the Event.

I hereby give permission for My Child to receive any emergency medical treatment by healthcare professionals, including emergency medical transportation, which may be required for injuries sustained by My Child. However, I understand and agree to be responsible for any medical bill incurred as a result of any personal illness or injury to My Child.

I hereby also consent to and authorize the use and reproduction by Rowan, or anyone authorized by Rowan, of any and all photographs, videography, and audio recordings that have been taken of My Child during the Event, without compensation to me, My Child or my assignees.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

I acknowledge that I have carefully read this document and fully understand that it is a release of liability and that I am at least 18 years of age and competent to sign this document.

Signature of Parent/Legal Guardian

Print Name

Date