SCOOP AGREEMENT: CODE OF CONDUCT

Stude	ent Name:		
	I have completed the liability waiver and the Health Services form to participate in the Skidmore College Pre-Orientation Program. I will comply with all health and safety standards and codes of conduct as set forth by Skidmore College and any Off-Site Facilities we use, including the prohibition of the possession and/or use of alcohol and controlled substances during this program. I also understand that a violation of any standards and regulations connected with this program will result in my immediate removal from the program, followed by a report to the Dean of Student Affairs.		
	I understand that if a place is reserved for me in the program, and I fail to attend or participate, my program fee will not be refunded.		
——			_
Signature of Student		Date	
PARENTAL ACKNOWLEDGMENT			
	aware that the above student has comple Orientation Program and I approve of his	eted the reservation form for the Skidmore Co. /her participation.	llege
Signa	uture of Parent or Guardian	Date	