

ELEVATED BED AGREEMENT

THIS FORM MUST BE COMPLETED AND RETURNED TO YOUR RECTOR OR R.A. PRIOR TO THE CONSTRUCTION OF ANY ELEVATED BED.

I/We, the undersigned resident(s) of room _____ in _____ Hall request permission to erect an elevated bed(s) in our room.

I/We have read the Elevated Bed Regulations, which are included on the ORLH web site (<http://orlh.nd.edu>) and in duLac: A Guide to Student Life Procedures, and agree to abide by those regulations.

I/We understand that the elevated bed is subject to inspection by University of Notre Dame Facilities Operations and/or Risk Management personnel. I/We also agree that the elevated bed will be dismantled and removed from the room prior to the Spring Semester room inspection date.

I/We accept complete responsibility for and indemnify and hold harmless the University of Notre Dame, and any or all of its employees or agents against any and all liability, loss, damage, or injury, personal or otherwise, incurred from any construction, installation, presence of or use of the elevated bed.

NAME (PRINTED)

SIGNATURE

ID #

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE

**Guidelines for elevated bed structures can be found on-line at:
<http://orlh.nd.edu/housing/undergraduate/facility/elevatedbedinfo.htm>**