BENNINGTON COLLEGE

Request for Bennington Guest ID Card

Employee Name:		Employee 5-Digit ID#
Guest Name:		Guest 5-Digit ID# (College assigned)
Guest relationship to employee: □spouse/partner □dependent		Employee signature testifying to guest relationship:
☐ Check here to confirm depende Date of birth (if younger than 13)		
Reviewed by Human Resources:		
	Human Resources Staff Signature	Date
•		•
attack, stroke, and orthopedic profor defects prior to use and to notification beyond my capabilities. I am also risk, and I agree to assume persona I agree that the Bennington not assuming any liabilities for in of the facility. I acknowledge an affirmatively release and waive and that occurs in connection with my loss or damage resulting from my	blems, both known and currently useful to the staff immediately if any such defeaware that participating in athletical responsibility and assume all risk. College (herein refers to College hurry, loss or damage to me or my pand agree that the College has not not claims against the College for any use of the facility and fully discharge.	e, its trustees, officers, employees, or agents) is property resulting from or in connection with my use of obligation with my use of the facility. I hereby my injury, loss, or damage to my person or property arge the College from liability for any and all injury,
requested to limit their use to one		for research. Guests using library computers are be checked out a one time on these cards. Additional
Guest Signature		Date
(if 13 years or older)		