

Wet Suite Agreement

Brandeis University

Department of Residence Life

MS 220 - P.O. Box 549110 – Waltham, MA 02454-9110

Tel: 781.736.5060 – Fax: 781.736.3556

reslife@brandeis.edu

This agreement describes the conditions by which alcohol may be permitted to be kept or served in the common areas of a suite, townhouse, or apartment at Brandeis University. The University allows for the presence of alcohol in the common areas of a residence where at least half of the students assigned to the unit are of the legal drinking age of twenty-one years old. The agreement only entitles those of legal drinking age (twenty-one) to consume alcohol. Residents and their guests who are under the legal drinking age are bound by Massachusetts State law and University regulations and are not permitted to consume alcohol. Students must submit this form and have it approved by their Quad Director before keeping or using alcohol in the suite's common areas and before hosting parties via the Party Registration Form.

We the residents of _____ have reviewed the University's Rights and Responsibilities section on alcohol and parties and have discussed its contents with our Quad Director.

At least half of the residents assigned to this living unit are of legal drinking age (twenty-one). We understand that this qualifies us to be a "Wet Suite", and may now keep and use alcohol in our suite's common areas.

We understand that this agreement is not a substitute for the Party Registration Form, and does not constitute an authorization to host an event without completing the registration and discussing it with our Quad Director.

We understand that with this privilege comes responsibility. We agree to follow University Policies and not serve alcohol to minors, including any residents of the suite, townhouse, or apartment who are under the legal drinking age. We are also reminded that we are responsible for all the actions of our guests, specifically we will be held accountable for any incident involving alcohol in our residence. We understand that if we violate this contract or University Policy, we will be held accountable for our actions and the Quad Director or other Residence Life Administrator may revoke this contract.

We, the undersigned, agree to the above terms.

1.	_____	_____	_____
	Student Name	Student Signature	DOB
2.	_____	_____	_____
	Student Name	Student Signature	DOB
3.	_____	_____	_____
	Student Name	Student Signature	DOB
4.	_____	_____	_____
	Student Name	Student Signature	DOB
5.	_____	_____	_____
	Student Name	Student Signature	DOB
6.	_____	_____	_____
	Student Name	Student Signature	DOB
7.	_____	_____	_____
	Student Name	Student Signature	DOB
8.	_____	_____	_____
	Student Name	Student Signature	DOB
9.	_____	_____	_____
	Student Name	Student Signature	DOB
10.	_____	_____	_____
	Student Name	Student Signature	DOB

_____	_____	_____
Quad Director Name	Quad Director Signature	Date