

Stockton University
Overnight Permission Waiver

I, _____ (print name of parent or legal guardian) am the parent or legal guardian of (print full name and age of the minor) _____ who I am voluntarily requesting permission to participate in _____ which will also involve as overnight stay in a University Residential Housing Unit.

I understand the details of this learning event/program, with overnight stay, and I believe the above child is physically, medically and mentally capable of participating in such activity. If there are any medical or other concerns which might limit my child's participation in such event, I have advised appropriate personnel of such concerns on the Stockton University Medical Form that must accompany this waiver. On behalf of the above minor child, I am agreeing to allow their participation in this activity and use of any equipment associated with participation or any part thereof.

On behalf of the minor child and myself, I have personally and willingly assumed responsibility of all known and unforeseen risks that may occur arising out their participation in this event/program. On behalf of said minor and myself, and any of his/her heirs, assigns or successors, I hereby agree to release and hold harmless Stockton University and its, officers, agents, servants, Board of Trustees, and employees against any damage, claim, demand, liability, judgment, loss, expense, or costs arising from participation in this event whether due to intentional acts or omissions or negligence of Stockton University or any of its employees, servants or agents or those of third parties or organizations. I acknowledge and agree on behalf of myself, said minor and his/her heirs, assigns or successors, that I am releasing Stockton University from any liabilities in law or equity, however the liability may arise, for any injuries, damages, losses or expenses to said minor or our personal property. I agree and consent that any disputes arising out of participation in this activity and any and all claims that I may bring against the State of New Jersey and Stockton University and their employees as a result of this activity shall be subject to the provisions of the laws of the State of New Jersey, particularly the New Jersey Tort Claims Act (N.J.S.A. 59:1-1 et seq, New Jersey Contractual Liability Act, N.J.S.A. 59:13-1 et seq.; and no other action for monetary damages or other legal or equitable relief shall be brought in any other jurisdiction other than the courts of the State of New Jersey.

I certify that I have read this release, I am at least 18 years of age, the legal parent or guardian authorized to make decisions on behalf of the above minor, and that by my signature below, I bind myself, said minor and his/her heirs, assigns, administrators, and executors to this agreement.

Date: _____

Signature: _____

Printed Name, Address and Telephone of Legal Parent or Guardian

Name and telephone number of person to notify in case of emergency:
