



# Parent/Guardian Consent Form

68 Duffy Hall, 400 South Orange Ave, South Orange, NJ 07079  
Phone: 973-761-9172; Fax: 973-761-9482; Email: [SHUhousing@shu.edu](mailto:SHUhousing@shu.edu)

**Please print:**

I, , certify that I am the parent or legal guardian of

Parent/Guardian's Name

, who is  years old, and hereby give my consent

Guest's Name

for him/her to visit  overnight at Seton Hall University, during the

Student's Name

following days (please include dates): . During

this overnight visit, my child will stay in a Seton Hall University residence hall.

**By this document:**

- I understand that my child may only stay a maximum of two (2) nights in a one (1) week period. I recognize that my child is responsible for his/her own actions while visiting Seton Hall University and staying overnight.
- I understand that my child's visit is voluntary and that my child will be visiting and staying overnight at his/her own risk.
- I further understand that as a guest on Seton Hall University's campus, s/he is required to abide by all policies and regulations as stated in the University's publications and materials.

In consideration of Seton Hall University's allowing my child to visit overnight, I hereby release and hold harmless Seton Hall University, its trustees, regents, officers, employees and agents against loss (including reasonable attorneys' fees) from any and all claims or causes of action for all known and unknown, foreseen and unforeseen, bodily injuries, damages to property and consequences thereof which may be sustained by my child or by me arising out of, or in connection with, my child's overnight visit. In addition, I agree to take full responsibility for any damage done to University property by my child during his/her stay at SHU.

If my child should suffer an injury or illness during his/her stay, I authorize the employees of Seton Hall University to treat him/her or to use their discretion to transport, or to have my child transported, to any medical facility and hereby give consent in my absence to have my child treated by Seton Hall University or at any medical facility and I take full responsibility for that action.

Name:  Land Phone:  Cell Phone:

Parent/Guardian

Address:

Parent/Guardian Signature:  Date:

