

## LONG ISLAND CAMPUS PARKING PERMIT FORM

**Check One:**

Employee

Freshman

Other Student

ID # \_\_\_\_\_ Parking permit # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The undersigned requests permission to use the parking area of St. Joseph's University, New York, Long Island Campus, for the purpose of parking the undersigned's car therein. In consideration of the University granting such permission, the undersigned agrees to indemnify and hold the University harmless from and against any and all loss or liability incurred by the University as a result of the undersigned's use of the parking area, and further, the undersigned agrees to hold the University harmless from any and all claims for loss, liability or damage to the undersigned's auto while parked in the aforesaid parking area.

Date \_\_\_\_\_ Signature \_\_\_\_\_