

**Anchor Motel
145 Sheridan Ave
Seaside Heights, NJ 08751
732-793-9312**

Dear Anchor Motel:

**I grant permission for _____, Age _____, to
stay at the Anchor Motel for the following date:**

Check In _____ Check Out _____

I acknowledge that this property is privately owned and Anchor Motel is not responsible for damage, loss or theft of valuables or property of any kind. I hereby agree to be responsible for any damage caused to the room during the stay of my child's occupancy. I agree to release Anchor Motel from and agree not to sue Anchor Motel for, any claims that I or my child may have arising from or in connection with, any bodily injury, accidents, physical or property damage that I or my child may suffer from any cause whatever related to my child's stay at Anchor Motel.

Enclosed is a phone number in case I need to be reached:

_____ **CELL**

_____ **HOME**

Sincerely

(Parent/Guardian Signature)

****Must bring copy of parent's driver's license along with this form.**