





**General Rules and Regulations**

This access card allows you to park one vehicle in a designated garage at your sole risk. Parking Company of America Management, LLC/ Alta Bates Summit Medical Center does not agree to safeguard your vehicle or assume care, custody or control of your vehicle or its contents. Parking Company of America Management, LLC / Alta Bates Summit Medical Center is not responsible for fire, theft, damage or loss to your vehicle or its contents. Only a license to park is granted, hereby, and no bailment is created. In the event that a lawsuit is filed for any casualty to your vehicle or its contents, you agree to defend and indemnify Parking Company of America Management, LLC / Alta Bates Summit Medical Center for any type of loss including reasonable attorney fees. This is your entire contract and no Parking Company of America Management, LLC / Alta Bates Summit Medical Center employee may modify or waive any of its terms. This contract is cancelable with a 14-day notice by either party.

1. Parking Company of America Management, LLC / Alta Bates Summit Medical Center reserves the right to confiscate all non-valid and non-renewed parking access cards and/or hang tags.
2. Parking access cards are non-transferable. Use of access card by other than the applicant will result in cancellation of the monthly parking privileges.
3. Parking access cardholders should not take tickets from the ticket machine at the entrance gates. If you have forgotten your parking access card, and have taken a ticket to gain access at entrance, you are responsible for payment of the daily parking fee.
4. Applicant agrees to report any damage either to another vehicle or to the parking facility caused by customer's vehicle.
5. Applicant agrees to follow the instructions of garage / lot personnel and all posted signs.
6. Do not leave parking access card, valuables, or phones exposed in vehicles. Lock all possessions out of sight.
7. For valet parking service and/or attendant assisted parking, provide car key only to the attendant.
8. Applicant must submit a \$10.00 deposit with Parking Application. Lost cards will be replaced by Parking & Transportation Office for a \$10.00 fee.
9. At least 14 days advance notice of termination is required. Please contact the Parking & Transportation Office to provide a notice date of termination of parking.

**Carpool Rules and Regulations**

Thank you for your support in reducing pollution and traffic congestion. In order to make our carpool program a success I am asking you to review and follow the rules and regulations outlined below.

- Carpool Periods are limited to six (6) months at a time
- Period 1 = May 1st through October 31<sup>st</sup>
- Period 2 = November 1st through April 30<sup>th</sup>
- Applications for renewal or for new carpools must be received by Parking & Transportation Services during the following times:
- Period 1 (for Period 2) - August 1st through October 1st;
- Period 2 (for Period 1) - February 1st through April 1<sup>st</sup>
- Carpools must have two (2) or more registered carpool members in the vehicle when entering the garage.
- Only one vehicle per carpool, per day, will be allowed to park in the Alta Bates Campus garage using the carpool badge
- The carpool program will be monitored by Security, Parking & Transportation staff through system data review and checks at the entrance to the Alta Bates Campus garage.
- Violations will be cited as follows:
  - **1st violation:** Written notification of the violation to all carpool members.
  - **2nd violation:** Termination of carpool privileges of all carpool members.
- There are no validations for carpool members that "pulled" a ticket to enter the garage. By "pulling" the entrance ticket the carpool member agrees to pay the associated fee.

**I AGREE TO ACCEPT PARKING PRIVILEGES BASED UPON THE ABOVE CONDITIONS**

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Accepted for Parking Company of America Management, LLC/Alta Bates Summit Medical Center**

Department Signature/ Director Signature (if necessary) \_\_\_\_\_ Date \_\_\_\_\_