

General Rules and Regulations	Carpool Rules and Regulations
<p>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.</p> <ol style="list-style-type: none"> 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, please notify the parking attendant. If you have taken a ticket to gain access and 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 \$8.00 deposit with Parking Application. Lost cards will be replaced by Parking & Transportation Office for a \$8.00 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. 	<p>Thank you for your support in reducing pollution and traffic congestion. The carpool program a success I am asking you to review and follow the rules</p> <ul style="list-style-type: none"> • Carpool Periods are limited to six (6) months at a time • Period 1 = May 1st through October 31st • Period 2 = November 1st through April 30th • Applications for renewal or for new carpools must be received by the Parking & Transportation Services during the following times: Period 1 (for Period 2) - February 1st through April 1st and Period 2 (for Period 1) - February 1st through April 1st • Carpools must have two (2) or more registered carpool members in the designated garage. • Vehicles used for carpooling must display the carpool identification sticker from the Parking & Transportation Services. The sticker must be affixed <u>inside</u> the vehicle and the sticker must be <u>clearly visible from the outside</u>. • Only one vehicle per carpool, per day, will be allowed to park in the designated garage using the carpool badge • The carpool program will be monitored by Security, Parking & Transportation Services. Data review and checks at the entrance to the Alta Bates Campus. • Violations will be cited as follows: <ul style="list-style-type: none"> • 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" or "pulling" the entrance ticket the carpool member agrees to pay the fee.

I AGREE TO ACCEPT PARKING PRIVILEGES BASED UPON THE ABOVE CONDITIONS

Applicant Signature _____ Date: _____

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

Department Signature/ Director Signature (if necessary) Date