			Office Use Only PERMIT Space # Type Processed Date	Number By
DRIVER INFORMATION:			<b>WHEN (You must indicate the dates):</b>	
First MI Last Name		Pick-Up Car:	DateTime:	
SCU ID# (Access Card)			Date	
Street Address		Apt.	Contact Phone Number	
City, State & ZIP			E-Mail Address	
VEHICLE INFORMATION: License Plate:			State Number	
Year	Make	Model		
<ul> <li>Summer vehicle storage valid from: June 5 - September 22 <u>OR</u> May 15 – August 17</li> <li>Fall Quarter vehicle storage valid from: September 23 – January 5</li> <li>*NOTE: Exceptions to these dates by individual approval only. Students who store their car <u>for two consecutive quarters (Summer and Fall ONLY)</u> in the same permit year, will receive a complimentary SCU parking permit for the remainder of the school year (Winter and Spring).</li> </ul>				
\$25 per occurr Insurance Infor Method of Pa *NOTE: Crea	rence. <u>Storage Fea</u> rmation Received: ayment: C dit card payment	e for cars retrieved after t Date Cash accepted in person or b	entary Removal/Return Inc the end date is <b>\$10 per da</b> By ACCESS Charge by phone only. By phon submitted at least 7 day	Visa or M/C*
SCU Automobile Storage Program Waiver Assumption of Risk, Release and Indemnification				
I, (print name), and the undersigned, in full recognition and appreciation of the hazards and exposures involved do hereby voluntarily agree to assume all of the risks and responsibilities involving my voluntary participation in the SCU Automobile Storage Program from "Dates selected above"; and, further, I hereby agree for myself, my heirs, and personal representative(s) to defend, hold harmless, indemnify and release and forever discharge Santa Clara University, its Officer and Trustees, agents, employees and volunteers from and against any and all claims, demands, and actions, or causes of action of any sort on account of damage to my personal property related to this program. I confirm that I have followed the guidelines to properly prepare my automobile for storage and have satisfied SCU Campus Safety & Transportation Services' directives in obtaining proof of insurance in order for my vehicle to be placed in storage on campus.				

I have read and executed this document with full knowledge of its significance.

In witness whereof, I have caused this release and indemnification agreement to be executed this \_\_\_\_\_ of \_\_\_\_, 20\_\_\_.