



**CAMPUS SAFETY &
TRANSPORTATION SERVICES
VEHICLE STORAGE
APPLICATION**

Date of Application: _____

PLEASE PRINT OR TYPE INFORMATION

DRIVER INFORMATION:

First MI Last Name

SCU ID# (Access Card)

Street Address Apt.

City, State & ZIP

<u>Office Use Only</u>	
PERMIT <u>Space #</u>	_____
Type	Number
Processed _____	By _____
Date	

WHEN (You must indicate the dates):

Drop-Off Car: _____ Time: _____
Date

Pick-Up Car: _____ Time: _____
Date

Contact Phone Number

E-Mail Address

VEHICLE INFORMATION:

License Plate: _____
State Number

Year _____ **Make** _____ **Model** _____ **Color** _____ **Body style** _____

SELECT ONE:

Spring vehicle storage valid from: March 15 – June 13, 2021

Summer vehicle storage valid from: June 8 - September 18, 2021 OR May 18 – August 16, 2021

Fall Quarter vehicle storage valid from: September 20, 2021 – January 4, 2022

*NOTE: Exceptions to these dates by individual approval only. Students who store their car **for two consecutive quarters in the same** permit year, will receive a free SCU parking permit for the remainder of the school year.

Fee: \$300 per selection or \$150/month. One Complimentary Removal/Return Included. Additional Removal/Returns @ **\$25 per occurrence.** Storage Fee for cars retrieved after the end date is \$10 per day.

Insurance Information Received: _____ Date _____ By _____

Method of Payment: _____ Check _____ Cash _____ ACCESS Charge _____ Visa or M/C*

*NOTE: Credit card payment accepted in person or by phone only. By phone: call 408-554-4441
Completed application & payment must be submitted at least 7 days in advance.

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____.
Day Month

Student Signature