# ROYAL VICTORIA REGIONAL HEALTH CENTRE
# Clinical Placement/Student Parking Registration

NAME: _____ _____ *(please print)*
*First* *Last*

ID NUMBER #: _____
*(if applicable)*

PARKING LOT: ___VISITORS_____

POSITION : _____

START/END DATE: _____ _____
*Start Date* *End Date*

MANAGER NAME: _____ _____
*First* *Last*

DEPARTMENT: _____

| | RATE | # OF WEEKS | TOTAL DUE |
|---|---|---|---|
| □ Clinical Placement Unpaid/Student | $5.65/week | x ____ weeks = | $_____ |
| □ Clinical Placement Paid | $11.35/week | x ____ weeks = | $_____ |
| □ Military RN/Personnel | $11.35/week | x ____ weeks = | $_____ |

** No refunds will be issued for parking payments*

VEHICLE DETAIL: *(please complete for all vehicles)*

| License Plate # | Make | Model | Color |
|---|---|---|---|
| | | | |
| | | | |

## ***Parking Agreement – Terms & Conditions***

The following terms and conditions form a part of the Parking Agreement with Royal Victoria Regional Health Centre.

I, _____ agree that the parking pass is for my sole use and that it will not be used by any other individual. By signing this form, I agree that I may not assign, loan, share or transfer the parking pass.

Royal Victoria Regional Health Centre or Precise Parklink may terminate the Parking Agreement if you are in breach of the terms and conditions.

**NOTE**: **You may not swipe your badge until the gate has returned to a fully lowered position. Failure to do so may result in the gate coming down on your car. You will be responsible for any damage to your car and to the parking equipment, whether or not your actions were intentional.**

***Yes, I have read and agree to the terms and conditions as detailed.***

**SIGNATURE:** _____ **DATE:** _____

**RVH APPROVAL:** _____ **DATE:** _____

**To be completed by Precise ParkLink:** **Prox Card Number #** _____**File #:** _____