



## **Clinical Placement/Student Parking Agreement**

NAME:					(ple	ase print)	
	F	irst	La	st			
ID NUMBER #:							
PARKING LOT:							
POSITION:							
START/END DATE:							
	Start	Date	End Date				
MANAGER NAME:				(please pr	int)		
DEPARTMENT:			-				
				RATE	# OF WEEK	S	TOTAL DUE
Clinical Placement Unpaid/Student				\$6.15/week			\$
Clinical Placement Paid				\$12.78/week	x wee	ks =	\$
Military RN/Personnel				\$12.78/week	x wee	ks =	\$
				* No re	funds will be	issued for	parking payments
VEHICLE DETAIL: (p	lease d	complete for a	ll vehicles)				
License Plate #	ŧ	Mal	ke	Mo	del		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 badge 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 badge.

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

NOTE: Do NOT swipe your badge until the gate arm 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.

To be completed by Precise ParkLink: Prox Card Number # \_\_\_\_\_File #: \_\_\_\_\_

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

Last Updated September, 2019