

### Clinical Placement/Student Parking Agreement

NAME: \_\_\_\_\_ (please print)  
                                 First  Last

ID NUMBER #: \_\_\_\_\_  
 PARKING LOT: \_\_\_\_\_  
 POSITION: \_\_\_\_\_  
 START/END DATE: \_\_\_\_\_  
                                 Start Date                        End Date

MANAGER NAME: \_\_\_\_\_ (please print)

DEPARTMENT: \_\_\_\_\_

	<b>RATE</b>	<b># OF WEEKS</b>	<b>TOTAL DUE</b>
<input type="checkbox"/> Clinical Placement Unpaid/Student	\$6.50/week	x _____ weeks =	\$ _____
<input type="checkbox"/> Clinical Placement Paid	\$13.13/week	x _____ weeks =	\$ _____
<input type="checkbox"/> Military RN/Personnel	\$13.13/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 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: \_\_\_\_\_