

**Department of Kinesiology and Community Health
In Cooperation with the Department of Facilities & Services (Parking)
Parking Informed Consent**

Lifetime Fitness Program participants are being given the option to buy a \$110 parking pass granting one year of access to the F-29 parking garage adjacent to Freer Hall and Campus Recreation Center East (CRC-E) on the corner of Dorner and Gregory Drives. To obtain a parking permit, you must indicate your understanding of the following policies by signing below. Payment can be made through the LFP website through the “Membership Payment” tab or in-person via credit/debit card.

- I understand that I am responsible for monitoring my own parking in the parking garage.
- I will receive a “hang tag” to place on my mirror. This “hang tag” is nontransferable (i.e. cannot be given to anyone else) and it is my responsibility to take care of it. If it is lost or stolen, I will have to pay another \$110 to obtain a new tag. I understand that my name and contact information will be linked to the parking ID listed on the hang tag. This “hang tag” must be displayed at all times and failure to do so may result in a parking ticket.
- I am aware that I may park on the 5th floor only of the parking garage (there are no exceptions to this rule) and if I park on a different floor, it may result in a parking ticket.
- This parking pass is good Monday through Fridays from 6:30am-12:30 p.m. only to attend the Lifetime Fitness Program.
- Violation of any of the stated policies may result in a parking ticket. **I understand that I am personally responsible for the parking ticket that I incur if I do not follow these stated policies.** The Department of Kinesiology and Community Health will not pay for parking tickets.
- Repeated violations of these parking policies may result in loss of the parking privilege.

 I have paid online via the LFP website or in-person with a credit/debit card.

Name – PLEASE PRINT

E-mail

Address

Telephone Number

Vehicle Make/Model/Color

License Plate Number

In signing this consent form, I affirm that I have read this form in its entirety, that I understand the parking policies and that my questions regarding parking have been answered to my satisfaction.

Signature of participant

Date

Signature of Kinesiology & Community Health staff

Date