

UNITED STATES DISTRICT COURT
EMPLOYEE PARKING POLICY ENROLLMENT FORM

I wish to enroll in the Clerk's Office Employee Parking Policy program for the U.S. District Court for the District of Maryland. By signing this agreement, I certify and affirm that the following statements are true.

1. I have read and understand the Clerk's Office Employee Parking Policy and I agree to abide by its terms and requirements while enrolled in the program.
2. I understand that the parking pass is being provided for my use only and I will not allow use of the parking pass by any other person.
3. I understand that I am responsible for the parking pass and will reimburse the Court in the amount of \$25.00 for any replacement passes. I will return the pass to the Procurement Department immediately upon termination of my participation in the program.
4. I understand that the parking facility is not liable for any loss or damage to personal property or injury incurred while parking in the facility. I have reviewed the parking facility's full assumption of risk clause in the Clerk's Office Employee Parking Policy.

Name (Print): _____

Signature: _____

Date: _____

Position Title: _____

Effective Onboard Date: _____

Approved: _____
Clerk of Court or Designee

Date: _____