I hereby release, waive and covenant not to sue Florida Institute of Technology Inc., its subsidiaries and their respective officers, directors, trustees, employees, agents and independent contractors (herein collectively the “Released Parties”), with respect to any and all liabilities, claims, demands, causes of action, damages, losses, costs or expenses (including court costs and attorneys’ fees) of any kind or nature whatsoever (hereinafter “Liabilities”) which may arise out of, result from or relate in any way to my vehicle remaining on campus during the summer months, including without limitation Liabilities related to damage to and/or of loss of my property, and including without limitation claims for Liabilities caused in whole or in part by the negligent acts or omissions of the Released Parties.

I further agree that if, anyone on my behalf, makes a claim for any Liabilities against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from and against any such Liabilities which may be incurred as a result of such claim.

I acknowledge and agree that the execution and delivery of this agreement is a condition of Florida Institute of Technology permitting me to leave my vehicle on campus between academic terms.

The university requires and I agree to the following:
- The vehicle doors and windows are to be locked.
- All valuables are to be removed.
- The vehicle must have a valid decal from the Department of Security.
- A key for the vehicle is to be turned in to the Department of Security.
- If a cover is put on the car, it will be secured appropriately.

The university reserves the right to:
- Tow the vehicle as necessary.

Contact Information
- Name ___________________________ Cell phone ___________________________
- Student ID number ___________________________ Start date ____________ End date ____________
- Emergency contact name ___________________________ Emergency contact phone ___________________________
- Emergency contact name ___________________________ Emergency contact phone ___________________________

Vehicle Information
- Vehicle make ___________________________ License plate ___________________________ State ___________________________
- Model ___________________________ VIN ___________________________
- Decal number ___________________________ Expires ___________________________

TEMPORARY STORAGE OF VEHICLES DURING THE OWNER’S ABSENCE FROM CAMPUS SHALL BE LIMITED TO THE TOP FLOOR OF THE SOUTH CAMPUS PARKING STRUCTURE.

To express that I have fully reviewed this release and that I understand, accept and agree to its terms, I place my signature below:

Date dropped off keys ___________________________ Accepted by ___________________________

Owner signature ___________________________ Owner name (print) ___________________________

Date picked up keys ___________________________ Returned by ___________________________

Owner signature ___________________________ Owner name (print) ___________________________

This completed form must be turned in with your vehicle’s keys prior to your leaving campus.