

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 does not cover weekends, holidays, “in/out privileges,” and late arrivals occurring after 10:00am. I understand that I should request on-site parking if I am required to park at the Courthouse during these times. I understand that I will be required to reimburse the Court for costs incurred for any unauthorized purposes.
3. 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.
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: _____

Personal Email Address: _____

Personal Mobile Phone Number: _____

Approved: _____

Date: _____

Clerk of Court or Designee