Health Sciences Centre
Winnipeg

TEMPORARY PARKING CONTRACT

BETWEEN: WRHA/HEALTH SCIENCES CENTRE SITE, C/O PARKING OPERATIONS, AD1, 720 MCDERMOT AVENUE, WINNIPEG, MB R3E 0T3
PHONE: 204.787.2715 FAX: 204.787.1010 EMAIL: hscparkingoffice@hsc.mb.ca WEBSITE: www.hsc.mb.ca/parking
PARKING OFFICE HOURS: 8:30 a.m. - 4:15 p.m. (MONDAY - FRIDAY)
HOSPITAL CASHIERS HOURS: 8:30 a.m. - 4:00 p.m. (MONDAY - FRIDAY) 204.787.3179
LENNOX BELL LODGE HOURS: 24 hours/day, 7 days/week 204.787.4271

AND THE PARKER: (LAST NAME) _____ (FIRST NAME) _____

ADDRESS _____ CITY _____ PROV _____

POSTAL CODE _____ E-MAIL: _____

PHONE # HOME ( ) _____ - _____ WORK ( ) _____ - _____ CELL ( ) _____ - _____

Renewals

Week	Amount	Return Pass	New Pass	Same Pass	Date of Use	Receipt	HSC CLK	E-mailed

TERMS AND CONDITIONS

1. THE PARKING PASS DEPOSITS ARE REFUNDABLE UPON RETURN OF THE PASS TO THE HSC PARKING OPERATIONS.
2. **PRE-AUTHORIZED CREDIT CARD WITHDRAWAL:** I AGREE TO PARTICIPATE IN THE PRE-AUTHORIZED DEBIT PLAN AND I AUTHORIZE WRHA/HEALTH SCIENCES CENTRE PARKING OFFICE/MAIN ENTRY/LENNOX BELL TO DRAW A DEBIT FROM MY ACCOUNT FOR THE PURPOSE OF PARKING. _____
3. PARKERS ARE ASSIGNED TO A SPECIFIC PARKING LOT. PARKING STALLS ARE NOT ASSIGNED. PARKING RE-ASSIGNMENT MAY OCCUR AT THE DISCRETION OF THE PARKING OFFICE.
4. PARKERS ARE REQUIRED TO REPORT LOST TRANSPONDERS/PASSES TO THE PARKING OFFICE IMMEDIATELY. DEFECTIVE TRANSPONDERS/PASSES WILL BE REPLACED AT NO CHARGE IF RETURNED TO HSC PARKING OPERATIONS. CHARGE FOR LOST TRANSPONDERS/PASSES IS $25.00 ($15.00 REFUNDABLE IF RECOVERED) PLUS GST.
5. AT ALL TIMES, A VALID **HANGING WINDOW PERMIT** OR **TRANSPONDER** MUST BE **VISIBLY DISPLAYED** WITH THE BAR CODE FACING THE WINDSHIELD OR THE VEHICLE WILL BE SUBJECT TO TICKETING OR TOWING. VIOLATIONS RECEIVED ARE THE RESPONSIBILITY OF THE PARKER.
6. CHANGES TO PARKER NAME, HOME ADDRESS, PHONE NUMBERS, VEHICLE MAKE, MODEL, COLOUR, LICENSE PLATE NUMBER MUST BE REPORTED TO HSC PARKING OPERATIONS.
7. PARKERS ARE REQUIRED TO OBEY THE PARKING AND TRAFFIC SIGNS AND OBEY CITY OF WINNIPEG TRAFFIC LAWS IN THE PARKING LOTS.
8. THE PARKING OF UNLICENSED OR UNINSURED VEHICLES, THE GENERAL STORAGE OF VEHICLES, AND THE REPAIRS OR MAINTENANCE OF VEHICLES IS PROHIBITED.
9. PARKING RATES ARE SUBJECT TO CHANGE BY WRHA/HEALTH SCIENCES CENTRE PARKING OPERATIONS UPON PROPER NOTICE TO THE PARKER.
10. **SPEED LIMIT 18 KM OR LESS**. TO AVOID RECEIVING A TICKET **DO NOT BACK INTO THE PARKING STALLS**, AND ENSURE THAT YOUR VEHICLE IS PARKED WITHIN THE LINES.

THE UNDERSIGNED AGREES TO USE THE SAID PARKING LOT IN ACCORDANCE WITH THE TERMS AND CONDITIONS HEREIN AND IN ACCORDANCE WITH CITY OF WINNIPEG BY-LAWS AND ACKNOWLEDGES THAT FAILURE TO DO SO IS GROUNDS FOR WRHA/HEALTH SCIENCES CENTRE SITE TO CANCEL THIS CONTRACT WITHOUT NOTICE AS WELL AS UNDERTAKE OTHER REMEDIES (INCLUDING TICKETING, TOWING AND VEHICLE LOCK OUT) AT THE PARKER'S EXPENSE.

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF NOTICE THAT THE WRHA/HEALTH SCIENCES CENTRE SITE ASSUMES NO RESPONSIBILITY FOR INJURY TO PERSONS USING THE SAID PARKING LOT OR FOR LOSS OR DAMAGE TO VEHICLES OR CONTENTS, AND AGREES AS PART OF THE CONSIDERATION FOR BEING PERMITTED TO USE SAID PARKING LOT THAT THE WRHA/HEALTH SCIENCES CENTRE SHALL BE FREE FROM ANY AND ALL LIABILITY OR CLAIM ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE USE OF THE SAID PARKING LOT.

THIS INFORMATION IS CONFIDENTIAL AND WILL BE USED ONLY BY THE WRHA/HEALTH SCIENCES CENTRE PARKING OPERATIONS.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT HE/SHE HAS READ AND AGREED TO THE ABOVE.

_____ Signature of Parker/Account Holder

_____ Date

VEHICLE(S):

#1 LICENCE PLATE # _____
MAKE _____
MODEL _____

#2 LICENCE PLATE # _____
MAKE _____
MODEL _____

METHOD OF PAYMENT:

PAW: ❑ DB ❑ VISA ❑ M/C ❑ AMEX ❑ CASH

CARD # _____

EXPIRY DATE (MM/YR) _____ CVC ____

AMOUNT PAID $_____

WEEKLY RATE $ _____

4 WEEK RATE $_____

PASS DEPOSIT $ _____

DEPOSIT ACCOUNT 241590029

START DATE _____

END DATE _____

TRANSPONDER/PASS #_____

PARKING LOT(S) _____

PARKING COST CENTRE 301000-

DATE _____ CLK _____

R _____

DATE OF REFUND _____

AMOUNT $ _____

ACCOUNT REFUNDED 241590029

TRANS/PASS RET'D _____

SIGNATURE _____

HSC CASHIERS _____