VEHICLE Extended Parking
Release and Waiver for Liability and Indemnity Agreement

The undersigned acknowledges that the Museum of Western Film History is extending a special privilege in allowing the undersigned to store his or her vehicle during the dates provided below. In consideration of the privilege to park your vehicle in the designated parking spaces of the Museum of Western Film History lots, the undersigned, for himself or herself and any personal representative, heirs, and next of kin, hereby acknowledges, agrees and represents the following:

RELEASE I agree to release, waive, discharge, and covenant not to sue the Museum of Western Film History, its directors, officers, employees, and agents from all liability to me, my personal representative, heirs, and next of kin for any loss, theft, damage, claim or demands therefore on account of injury to my property, whether caused by the negligence of the Museum of Western Film History or otherwise during the dates provided below.

IDENTIFICATION I agree to identify and save and hold harmless the Museum of Western Film History from any loss, liability, theft, damage or cost that may incur due to my storing my vehicle, upon or about the Museum of Western Film History’s premises whether caused by the negligence of the Museum of Western Film History or otherwise.

ACCEPTANCE OF RISK I understand that the Museum of Western Film History never intended, nor designed the above mentioned lot to be used as a storage facility and I acknowledge that the Museum of Western Film History does not guarantee the security of the property being stored. In addition, I realize that the lot is not locked, secured or guarded. Therefore, I agree to assume full responsibility for and risk of property damage due to the negligence of the Museum of Western Film History or otherwise while my vehicle is stored during the dates provided below.

POLICY I agree to abide with the Public Safety policies, available on request, which state that any vehicle in violation of Museum of Western Film History regulations are subject to fine and/or towing according to the California Vehicle code sections 21113 (a) and 22658. In addition, I acknowledge that the permit to park in the above mentioned lot is valid only during the time period and the assigned space approved by the Museum of Western Film History. Maximum parking will exceed no more than 30 days. Signee understands that after 30 days or if parked in non-designated spaces, vehicle is subject to tow. Signee understands he/she must park in assigned space. Initials ____________

CONTACT PERSON I agree to provide a contact person and a phone number in my absence so that, in the event of an emergency, the contact person will be responsible for my vehicle. If there will be a delay in pickup, the following signee or contact person must e-mail visitorservices@museumofwesternfilmhistory.org or call the museum. Signee will be charged extra for extended days.

The undersigned further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as California law allows and that, if any portion is help invalid, it is agreed that the balance shall continue in full legal force and effect. X________

Storage payments are $5.00 per day or $25.00 per week of storage. Any additional days over a week’s storage rate will be charged at $3.50 per day. We accept all major credit cards, cash, and checks.
Last Name: ________________________________
First Name: ________________________________
Address:______________________________________
City:_________ State: _____ Zip Code:__________
Cell Number:___________________________________
E-mail:________________________________________

Vehicle color: _________________________________
Make/Model/ Year: _____________________________
License Plate #: _______________________________
Driver’s License #: _____________________________

Contact Person: ________________________________
Contact Cell Phone: _____________________________
Storage Dates: _________________TO _________________
Signature: ______________________________
Date: __________________

Payment $__________
CASH           CHECK          VISA/MC/DISCOVER/AMEX/OTHER

Space Number: _________

Faxed/Emailed Date: __________  Museum Staff Signature: __________________________

Museum of Western Film History
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