

**CARPOOL REGISTRATION**

Thank you for your interest in the *CommuterChoice* Carpool Program. To be eligible for this program, you must be a Harvard affiliate, work full time on the Cambridge or Allston campus, and carpool to work five days a week. A variety of benefits are offered to you once enrollment in this program is complete including; the Emergency Ride Home Program, which provides the assurance of a back-up transportation plan; a discount in your parking costs; and two free temporary parking passes per month if you are not the primary driver for the carpool.

To register your carpool, please fill in this form and have your carpool partner(s) fill it out as well. You and your carpool partner must also fill in the Emergency Ride Home (ERH) form if you would like to take advantage of this great benefit. The ERH form can be found on-line at [http://www.commuterchoice.harvard.edu/erh\\_guidelines.pdf](http://www.commuterchoice.harvard.edu/erh_guidelines.pdf). Bring or mail the completed forms to the offices of Parking Services, 46 Blackstone Street, 1<sup>st</sup> floor, Cambridge, or fax to 495-9119.

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Current Parking Area: Preference:** \_\_\_\_\_

**University Address/Dept:** \_\_\_\_\_

**Work Telephone:** \_\_\_\_\_

**Harvard University ID #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Make/Model/Color of Vehicle:** \_\_\_\_\_

**License Plate Number:** \_\_\_\_\_

**Name(s) of carpool partner(s):** \_\_\_\_\_

**License Plate(s) Number (s) of Carpool Members (if applicable):** \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I understand that this program is totally voluntary. The University assumes no responsibility for damages to any vehicle or contents by reason of fire, theft, vandalism, or any other cause. I covenant not to sue for any such damages if this application is granted. I agree to observe all published rules and regulations for University parking as from time to time are in force and understand that this agreement incorporates by reference all such related rules, regulations and policies and procedures. I further agree to follow the University Parking Office procedures for appeal, and to pay promptly any amounts due to the University as fines, fees or expenses for violation of such rules or regulations by vehicles owned or operated by me. I understand that I will be billed directly for all such charges not successfully appealed and that any permit finally determined to be granted may be revoked if I fail to pay any such fines or fees. I understand that the University reserves the right to relocate or cancel my parking privileges without cause at any time and to issue refunds in accordance with fee proration policies.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_