

## PERMISSION TO PARK, RELEASE, AND HOLD HARMLESS APPLICATION/AGREEMENT

I, the undersigned, the owner or authorized user of a vehicle described as: \_\_\_\_\_  
Year

\_\_\_\_\_  
*Make*

\_\_\_\_\_  
*Model*

\_\_\_\_\_  
*License Tag Number*

Desire to park said vehicle at the Department of Sustainable Development (DSD) parking lot (700 NW 19th Avenue, Fort Lauderdale, FL 33311) of the City of Fort Lauderdale, during the City's remediation of the Mount Olive #1 property.

In consideration of the privilege of parking my vehicle at DSD (available 5pm to 8am Monday through Friday and all day Saturday and Sunday), I on behalf of myself, and my family, and any other authorized user of the vehicle, do hereby release the City of Fort Lauderdale and their respective officers, agents, and employees (Released Parties) from any and all liability of every kind and nature from personal injury or property damage no matter how sustained which may result from parking the above described vehicle at the DSD parking lot. I also agree that I park at my own risk, and I am solely responsible for the towing of my vehicle should the need for removal by tow-truck assistance be required. I agree to indemnify and hold the Released Parties harmless from and against any and all causes of action, demands, claims, costs (including reasonable attorney's fees), and all liabilities whatsoever which result from parking the above vehicle at the DSD parking lot, including all claims for bodily injury or property damage arising out of or resulting from or occasioned by the undersigned's entry into the DSD parking lot.

The undersigned acknowledges that the City of Fort Lauderdale has made no representations, promises, or warranties with respect to use of the parking lot. The undersigned further acknowledges that security will not be provided and that all parking at the DSD parking lot is AT THE UNDESIGNED'S SOLE RISK.

\_\_\_\_\_  
*Print Name*

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

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Home Phone Number*

\_\_\_\_\_  
*Cell Phone Number*

\_\_\_\_\_  
*Emergency Contact (Print Name)*

\_\_\_\_\_  
*Emergency Contact Phone Number*