

Haynes Ave.:	<input type="checkbox"/>
Olympia Dr.:	<input type="checkbox"/>
Port St.:	<input type="checkbox"/>
South St.:	<input type="checkbox"/>
Marginal St.:	<input type="checkbox"/>



614 FRELINGHUYSEN AVE.
 NEWARK, NJ 07114
 PHONE (973) 242-4431
 FAX (973) 242-4481

WAIVER OF LIABILITY

I, _____ employee ID# _____
(Print Name) (Print ID#)

do hereby waive any and all liability for damages that may result from assistance rendered by an authorized employee of Secure Parking Systems, L.L.C.

I further understand that I am solely responsible for any damage or loss and that no employee of Secure Parking Systems, L.L.C. assumes any responsibility arising from the rendering of assistance by such person.

Make of car: _____ Model: _____

License Plate #: _____ State: _____

Driver's License # _____ State: _____ Exp Date: _____

Proximity card / Hangtag# _____ Date of Assistance: _____ Time: _____ AM PM

Assistance Rendered

Jump Start Successful Failure

Change flat tire Successful Failure

Add air to tire Successful Failure

Other: _____

Name of Client Signature Date

Name of Supervisor Signature Date