

**Heart of the Rockies Regional Medical Center
Salida, CO**

RV Parking Area Registration

First Name(s): _____

Last Name: _____

Street Address: _____

(address cont.): _____

City State/Province Zip/Postal Code

Country: (if non-U.S.) _____

Home Phone#: _____

Work Phone#: _____

Cell Phone#: _____

Email Address: _____

Number of Adults? _____ Children? _____

Number of Pets? _____ Description of pets: _____

Dates Requested

First Night: _____

Estimated arrival time: _____

Number of nights: _____

Special Needs or Comments:

**Heart of the Rockies Regional Medical Center
Salida, CO**

RV Parking Area Conditions of Use and Waiver of Liability

Heart of the Rockies Regional Medical Center's ("HRRMC") RV Parking Area is publicly owned by the Salida Hospital District. In consideration of your and your family's/guests' use of the HRRMC RV Parking Area, by signing below and using the RV Parking Area you agree to the following conditions of use:

1. You agree to assume any and all risks and consequences arising from your and your family's/guests'/visitors' use of the HRRMC RV Parking Area, and to communicate to any such family members, guests and visitors these conditions of use.
2. You agree to waive, release, hold harmless and indemnify HRRMC, its directors/trustees, officers, employees and agents from and against, any and all claims, liabilities, losses and damages, including personal injuries and property damages, arising from your use of the HRRMC RV Parking Area.
3. You agree to register with HRRMC your vehicle, family members and guests who will be staying with you during your use of the RV Parking Area.
4. You agree to comply with any other notices, rules, or conditions of use that may be posted or otherwise communicated to you by HRRMC concerning use of the RV Parking Area.
5. You understand that HRRMC may ask you to vacate the premises at any time for any reason, and you agree to promptly comply with any such requests.

Date

Registrant's Signature

Registrant's Printed Name

EMPLOYEE USE ONLY

My signature below acknowledges that federal and state income taxes will be withheld from my biweekly paycheck based on the current fair market value of the RV parking daily rate for the number of days I occupy a space according to IRS regulations concerning the provision of employee housing.

Date

Employee Signature