



**REQUEST FOR OVERNIGHT PARKING
&
INDEMNITY FORM**

Name _____ Contact No _____

Vehicle License: _____ Color: _____

Description: _____

Period: From _____ To _____

Please state reason: _____

During my absence, please contact the following person in cases of emergency:

Name _____ Contact No _____

INDEMNITY

I understand that I park my vehicle or equipment on Farmers Cooperative of El Campo (FCEC) premises solely at my own risk. I am fully aware that FCEC shall not be responsible for any damage to, injury resulting from, or theft of my vehicle, equipment or any personal belongings left in the vehicle or equipment while parked on FCEC premises, and I shall indemnify FCEC against such claims.

Signature _____ Date _____

Approved by _____ Date _____