

# BENTLEY UNIVERSITY POLICE DEPARTMENT

175 FOREST STREET, WALTHAM, MA 02452  
TEL: (781) 891-2201, FAX: (781) 891-2559

## Motor Vehicle Storage Agreement & Waiver

Date: \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_

I, \_\_\_\_\_, hereby release Bentley University, the Bentley University Police Department and their respective personnel and agents, from any and all claims of damage to my motor vehicle arising from any source whatsoever, including but not limited to, fire, theft, vandalism, flood, and an Act of God, while my motor vehicle is stored on Bentley University property.

I agree to permit Bentley University to move my motor vehicle if necessary to facilitate repairs or renovations to the storage area or for reasons of public safety. I agree to waive any liability that Bentley University or its agents might face resulting from said movement.

I agree to keep my motor vehicle properly registered with the state it is registered in and pursuant to the General Laws of Massachusetts.

I agree to take possession of said motor vehicle no later than: \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number :(day) \_\_\_\_\_ (night) \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Exp: \_\_\_\_\_

In case of Emergency, please notify: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone(s) : \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_