

UNIVERSITY OF ALABAMA CAMPUS MAIL SUMMER STORAGE PROGRAM TERMS - 2024

Customer (Student Enrolled Name): _____

CWID: _____

Mail Stop Code: _____

UA Email: _____

Phone: _____

Current Residence: On-Campus:
Residence Hall: _____

Off-Campus

Expected Fall Residence: Off-Campus
 On-Campus
Residence Hall: _____

University of Alabama Campus Mail Summer Storage Program Terms

By execution of this Agreement, the above-named **Customer**, in consideration of the use of the above-referenced Summer Storage Program, agrees to the following:

- 1) The Summer Storage Kit, priced at \$250, includes five (5) 20" x 20" x 20" heavy-duty boxes, a roll of packing tape, and secure, climate-controlled, on-campus storage from the date of drop-off until the **Customer** retrieves the items during the fall semester, but no later August 28, 2024. Additional boxes/items may be added at an additional charge of \$50 per item.
- 2) All fees are one-time charges and need to be paid at the time of agreement. The Summer Storage Kit and optional additional boxes may be purchased online by debit or credit card. The **Customer** will pick up their Summer Storage Kit and additional, optional boxes or item tags at the Campus Mail

Services Center. Campus Mail Services will email the **Customer** when the boxes are ready to pick up, which is generally within 2 business days of purchase. The **Customer** must pick up their Summer Storage Kit and additional boxes and present their ACTion card and sign for receipt of the boxes.

- 3) To be eligible to use the Summer Storage program, the **Customer** must be a current or incoming University of Alabama student. Summer Storage is intended for individual students only. All storage purchased by the **Customer** may only be used by the Customer. Campus Mail will assign all stored items to the **Customer** on the order and only that **Customer** will be able to drop off and retrieve items.
- 4) The **Customer** will pack and seal all boxes and either drop them off at the Campus Mail Service Center during business hours or bring them to the pickup events scheduled during the last two weeks of the spring semester at the residence halls. Boxes and items will be inspected by **Campus Mail Services** and any damage will be documented. The **Customer** will be required to sign for all boxes or items dropped off.
- 5) Prohibited Items: Illegal substances; Tobacco and tobacco paraphernalia; Vapes and vaping paraphernalia; Weapons and ammunition; Caustic, explosive, or flammable chemicals; Gases or liquids; Perishables; Batteries; Foodstuffs; Hazardous materials; Animals or animal fur; or equipment containing such materials are strictly prohibited and will **not** be stored through this program. Bicycles and motorized transportation devices will not be accepted through this program.
- 6) Items that are not able to be securely contained in the provided boxes (i.e. headboards) must be pre-approved by Campus Mail Services. Each approved, non-standard item is considered a substitute for one of the provided storage boxes or billed as one additional storage box per item. The storage of fragile items is not recommended. Any damage to box contents and unboxed items is the student resident's responsibility.
- 7) **The University of Alabama Campus Mail Services** will provide transportation of items stored from the designated drop-off locations to the Campus Mail storage facility and back to the designated retrieval location, if not at the Campus Mail Service Center.
- 8) Items may be picked up at any time during the summer semester at the **Campus Mail Service Center**. Items for returning campus residents will be moved to the move-in package pick-up location closest to your fall residence hall beginning July 29, 2024, if these are not collected by August 18, 2024, they will be returned to the Campus Mail Service Center until the end of this

agreement. Only the **Customer** listed on this agreement will be able to retrieve the store items. The **Customer** will have to present their UA ACTION card and sign for receipt of the stored items.

- 9) Storage box contents must be packed in a way that allows the box lid to be sealed with tape, as designed, with no protrusions, bulges, etc. Boxes must maintain a rectangular shape and allow for stacking to box recommended specifications/limits. Items not able to be securely packed in boxes (i.e. surfboards, mini-fridges, etc.) must be pre-approved by **Campus Mail Services** staff before storage and are considered as a single item. The storage of fragile items is not recommended. Any damage to box contents and unboxed items is the student resident's responsibility.
- 10) This Agreement begins when the Summer Storage Pack is purchased and concludes on August 28, 2024. All missing item inquiries must be made to **Campus Mail Services** prior to the termination of the Agreement. This agreement may be canceled by the **Customer** after the purchase of the Summer Storage Kit if canceled before the Summer Storage pack is collected from Campus Mail Services. No refunds will be given after the Summer Storage Kit has been collected by the **Customer**. No refunds are given if the Customer does not use all the boxes in the Summer Storage Kit.
- 11) Personal items remaining on the premises are considered abandoned after September 21, 2024.
- 12) Insurance for all contents is optional and will not be provided by **The University of Alabama Campus Mail Services**. We recommend purchasing a policy from a licensed insurance provider to insure your items.
- 13) You agree to the terms of the **required liability release (link)**.
- 14) I am at least eighteen (18) years of age. If under 18, this agreement is being signed by a parent or legal guardian.
- 15) **Campus Mail Services** reserves the right to open and inspect all boxes stored through this program if the box is damaged, leaking or it is expected to contain prohibited items.
- 16) **Campus Mail Services** reserves the right to terminate this Agreement immediately and without notice if you store (or attempt to store) any prohibited items, materials, or substances.

Customer (Student) Signature: _____

Customer (Student) Printed Name: _____

Date: _____

RELEASE OF LIABILITY, ASSUMPTION OF THE RISK, AND INDEMNIFICATION

Purpose of this Form. This form is to be signed by the Participant (and the Parent/Guardian of any Participant under the age of 18) in the Program. In consideration of the educational, social, recreational, and other benefits to be provided, the receipt and adequacy of which is acknowledged, Participant agrees as follows.

Definitions. The following terms have the stated meaning when used in this document:

- **Participant** – the student participating in the Program and all related activities that executes this document.
- **Potential Liabilities** – any and all loss, injury, death, claims, actions, suits, proceedings, settlements, damages, costs, fees, and expenses, at law or equity, known and unknown, foreseen and unforeseen, including, but not limited to, attorney fees and costs of litigation, and liabilities arising out of, connected with, or resulting from Participant’s involvement in the Program, such as medical expenses, other costs, injury, sickness, or death.
- **Program** – the Summer Storage Program, in conjunction with or arranged by the Campus Mail Services and to be held on or about April 1 through Sept 30, 2024, including all activities incidental or connected therewith.
- **UA** – The Board of Trustees of the University of Alabama, including the University of Alabama, foundations affiliated therewith, and their respective trustees, officers, employees, agents, representatives and volunteers.

Liability Release. THIS IS A RELEASE OF LIABILITY. Participant knowingly and voluntarily waives, releases, exculpates, and discharges UA from and against any and all Potential Liabilities connected with the Program. By signing this form, you voluntarily agree to discharge UA in advance from all such Potential Liabilities.

Indemnification. Participant agrees to hold harmless and indemnify UA from and against all Potential Liabilities related to or arising from Participant’s involvement in the Program.

Assumption of Risk. Participant understands and acknowledges that there are risks, including significant risks, inherent in all activities that can result in loss, damages, injury, or death, including, without limitation: activities potentially related to the Program; travel risks such as accidents, crashes, and risks from autos operated by UA as well as autos operated by other individuals or entities, poorly maintained streets, sidewalks, as well as criminal acts that can result in serious injury or death; premises risks, including those that may be owned by others and risks from water, such as drowning; injury risks from falls, collisions, or accidents (such as cuts, bruises, torn muscles, sprains, broken bones, etc.); outdoor risks, such as weather, lightning, heat or cold, bites, stings, allergic reactions, dehydration, hypothermia, drowning, sunburn, animals, and limited access to medical care; risks from others involved in the Program (such as transmitted illnesses or others’ actions); health risks, such as heart or respiratory events as well as other risks inherent in any strenuous activities, including things identified as “injury risks” herein; equipment risks, including failure, misuse, inherent risks, and risks from non-UA equipment; and other risks and hazards beyond the control of UA or others. Participant acknowledges that he/she has had an opportunity to investigate the Program before executing this form and, knowing and understanding all risks associated with the Program, Participant nevertheless **VOLUNTARILY AGREES TO ASSUME AND ACCEPT ALL RISKS** that potentially accompany participation in the Program. Participant also agrees to take all reasonable steps to avoid any risks, injury, or death.

Health Care and Emergencies. UA does not accept responsibility or liability for providing health care services or health care insurance for Participant. Participant should consult his/her own medical care provider, and warrants his/her physical fitness to participate in the Program. Participant authorizes UA to obtain any necessary medical treatment for Participant during the Program. Participant agrees to be responsible for the payment of any fees and charges that may be imposed by any doctor or hospital facility in the provision of medical care to Participant. Further, Participant agrees to indemnify and hold UA harmless from any claim that may be made by a

doctor of medical facility of said fees and charges incurred in the provision of medical care to Participant. If requested, the Participant may be required to provide the name(s) and contact number(s) for a parent, guardian, or other party that is a reliable contact in the event of emergencies.

Conduct. Participant agrees, for the duration of the Program, to abide by all applicable federal, state, and local laws as well as the rules and regulations for the Program. Participant also agrees to at all times to comply with UA’s Student Code of Conduct, which applies to behavior on and off campus. Further, Participant agrees to follow posted signs as well as instructions and directions of any accompanying University official, trip leader/organizer, or other official associated with an activity involved in the Program. Participant shall conduct himself/herself in a manner that brings honor to himself/herself, his/her family and his/her community.

Program Time/Contact. All times set with regard to the Program are firm. Participant may be left behind and will have to arrange for his/her own transportation. Each Participant is responsible for providing a cell phone or text address (with working device) to allow for a method to notify the Participant of schedule changes. Participant understands that schedule changes may occur over the course of the Program.

ACKNOWLEDGEMENT. I, AS PARTICIPANT, ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS ENTIRE DOCUMENT AND ITS EFFECT ON MY RIGHTS. RELYING WHOLLY UPON MY OWN JUDGMENT, BELIEF, AND KNOWLEDGE ABOUT THE RISKS ASSOCIATED WITH THE PROGRAM, WHICH INCLUDE SIGNIFICANT INJURY OR DEATH, AND THE EFFECT OF THIS DOCUMENT, I VOLUNTARILY AGREE TO EXECUTE THIS DOCUMENT AND PARTICIPATE IN THE PROGRAM. I ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS HAVE BEEN MADE TO ME SEPARATE AND APART FROM THE TERMS OF THIS DOCUMENT. I VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL FULLY INTENDING TO LEGALLY BIND MYSELF, MY HEIRS, SUCCESSORS, AND ASSIGNS TO ITS TERMS.

Participant’s Signature _____ Printed Name _____

Date _____ Participant’s Date of Birth _____ Participant’s CWID _____

***If Participant is under the age of 18, a Parent/Guardian must also execute this document.** THE SIGNING PARENT/GUARDIAN CERTIFIES THAT HE/SHE IS OVER THE AGE OF 18, HAS READ AND UNDERSTANDS THIS DOCUMENT, UNDERSTANDS THE RISKS, INCLUDING INJURY OR DEATH, ASSOCIATED WITH THE PROGRAM, IS VOLUNTARILY ALLOWING PARTICIPANT TO TAKE PART IN THE PROGRAM, HAS THE RIGHT TO SIGN ON BEHALF OF THE PARTICIPANT, IS SIGNING THIS DOCUMENT VOLUNTARILY, ACKNOWLEDGES THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS HAVE BEEN MADE SEPARATE AND APART FROM THE TERMS OF THIS DOCUMENT, AND AGREES TO ENTER INTO THE SAME, FULLY INTENDING TO LEGALLY BIND PARTICIPANT, HIS/HER HEIRS, SUCCESSORS, AND ASSIGNS TO THE TERMS OF THIS DOCUMENT.

Parent/Guardian Signature _____

Printed Name _____

Relationship to Participant _____

Date _____