



Towers Crescent Commuting

Carpool Program Goals, Regulations, and Registration Form

Program Goals

- To continually help tenants and their employees find an easier way to commute to work at Towers Crescent;
- To make parking at the Towers Crescent site easier and more convenient;
- To decrease the number of single-occupant vehicles (SOVs) commuting to the Towers Crescent office park;
- To reduce traffic congestion on site, as well as in the Tysons Corner Area;
- To provide an environmentally friendly commute choices to tenants and their employees

Basic Regulations

1. A carpool is made up of two or more employees.
2. The carpool may consist of persons who share the same home address.
3. Additional regulations are listed in the Consent, Disclaimer and Release Form on the back side of this page.
4. A consent, disclaimer and release form must be signed by all persons joining the carpool program before a carpool parking permit is issued.

To register, complete the application on the back side of this page and submit it to:

**Towers Crescent Property Management Office
Suite 100 of 8000 Towers Crescent**

or via email to:

info@TCcommuting.com

For assistance finding carpool partners at Towers Crescent, visit www.TCcommuting.com/commute-options/carpool/ or email info@TCcommuting.com.



TC Commuting Carpool Program

Consent, Disclaimer and Release Form

Please read carefully the following CONSENT, DISCLAIMER and RELEASE before signing below:

1. Quadrangle Management Company, and it’s TC Commuting Program, does not assume any liability whatsoever, and the undersigned release the Quadrangle Management Company and its’ representatives from all actions liabilities, damages, costs, expenses, courses of action, actions, claims, suits or judgments, for loss or damage to any vehicle and/or its contents, or for injury to or death of any person, which arises in the course of, in connection with, or the result of the carpool program, including without limitation, vehicle accidents, driving infractions and any incidents whatsoever involving carpool participants.

2. The undersigned also acknowledges that there are risks he or she knowingly and voluntarily assumes in participating in a Carpool Program, some of which are referred to in this document.

3. The undersigned have consented to the provision to Quadrangle Management Company of his or her name, address and telephone number to the other participants in their car pool group in connection with the operation of the carpool program.

By my signature below, I certify that I am at least eighteen (18) years of age and that I agree to the foregoing rules and procedures of the Carpool Programs as expressed herein. I further agree that I knowingly and voluntarily accept full responsibility for ensuring the roadworthiness and insurance status of carpool vehicles and the safety record of all involved drivers before participating and, in so doing, I knowingly and voluntarily accept and fully assume all such risks, dangers and hazards and the responsibility of personal injury, death, property damage and loss resulting therefrom.

I further agree to waive any and all future claims against Quadrangle Management Company or its designated representatives and agree to release the aforementioned from any and all liability for any loss, damage, expense or injury (including death) that I may suffer, resulting from or arising out of any aspect of my participation in the Carpool Program. I have read and understood this agreement and I am aware that by signing this agreement, I am waiving certain legal rights which my heirs or I may have against Towers Crescent or its designated representatives.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Thank you for registering for TC Commuting’s Carpool Program and helping reduce traffic congestion in Tysons Corner.



PERMIT REGISTRATION FORM

Primary Driver/Permit Holder (serves as point of contact)

Name: _____

Company: _____

Building Number: _____ Suite Number: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Number: _____ Full time (Y/N): _____

Make/Model/Color of Vehicle: _____

License Plate Number: _____

Second Driver/Permit Holder

Name: _____

Company: _____

Building Number: _____ Suite Number: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Number: _____ Full time (Y/N): _____

Make/Model/Color of Vehicle: _____

License Plate Number: _____



PERMIT REGISTRATION FORM (Cont.)

Third Driver/Permit Holder

Name: _____

Company: _____

Building Number: _____ Suite Number: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Number: _____ Full time (Y/N): _____

Make/Model/Color of Vehicle: _____

License Plate Number: _____

Fourth Driver/Permit Holder

Name: _____

Company: _____

Building Number: _____ Suite Number: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Number: _____ Full time (Y/N): _____

Make/Model/Color of Vehicle: _____

License Plate Number: _____

FOR OFFICE USE ONLY

Parking Lot Assignment: _____

Permit #: _____ Date: _____ Staff Initials: _____