University of California, Santa Cruz
Office of Physical Education, Recreation and Sports
Sports Club Program

DRIVER AUTHORIZATION FORM FOR PERSONAL VEHICLE

Concerning the use of my personal vehicle for Sports Club Travel:

I understand that the Regents of the University of California, it's officers, agents, and employees are not responsible in any way for any death, injury or property damage resulting directly or indirectly from the use of my private vehicle for Sports Club Travel.

I understand that any loss from physical damage to my vehicle shall not be reimbursable by the University nor by passengers whom I permit to share in the operation of the vehicle.

I understand that any loss caused by death or injury to others or damage to other's vehicles or property will be covered by my own private insurance.

I certify that auto liability insurance is in force on my vehicle in an amount of not less that the California State minimum requires, which will protect against claims made or suits filed by third parties. I have attached a copy of the current declaration page of my insurance policy.

I certify that I hold a drivers license valid in the State of California and agree to abide by any restrictions attached to my license.

My name (as it appears on Drivers License) _____

My Insurance Company Name: _____

Policy Number: _____

❒ I have attached a copy of the current declaration page of my insurance policy.

Driver's License number, state & expiration date _____

❒ I have attached a copy of my current drivers license.

In the event an accident occurs while using my personal vehicle for University business, I agree to report the details of such accident to the Sports Club Director immediately. I have read and understand the Sports Club Travel Policies for Drivers.

Signature: _____ Date: _____

Name of Sports Club: _____