

VCU Sport Club Program Personal Vehicle Authorization

The following items must be submitted per academic year with this form:

- **Vehicle Registration**
- **Auto Insurance**
- **Driver's Licenses for all authorized drivers**

Primary Driver Information:

Name: _____
 Email: _____ Phone Number: _____

Vehicle Owner Information

I, (Print Name) _____, am the registered owner of the following vehicle:
 Vehicle Make: _____ Vehicle Model: _____ Vehicle Year: _____
 Registration Number: _____ State of Registration: _____

As the registered owner of the vehicle above, I understand and will adhere to the policies regarding travel as outlined in the VCU Sport Club Program Policies and Procedures Manual. I also acknowledge that Virginia Commonwealth University and the Department of Recreational Sports do NOT provide insurance for the vehicle, its driver, or occupants, and are not liable for personal injury or property damage, including damage to the vehicle or its contents, incurred during sport club travel. I and any authorized drivers will demonstrate safe driving practices. As owner of the vehicle, I understand that I may be exposing myself to personal liability in the event of an accident.

I hereby volunteer the use of the above vehicle to be used by the _____ sport club organization for travel to any club event occurring during the 2017-18 academic year.

Authorized Drivers

I, as vehicle owner, authorize the following additional club members to drive during this academic year:

Additional Driver Names <i>(Authorizing any other persons to drive your vehicle <u>besides</u> the above listed "primary driver")</i>	Office Use Only License Attached (Yes/No)	Office Use Only License Expiration Date

Vehicle Owner Signature

Date

Office Use Only

Received By: _____ Date Received: _____

Valid Registration Attached

Yes No

Expiration Date: _____

Valid Auto Insurance Attached

Yes No

Expiration Date: _____

Valid Driver's License Attached

Yes No

Expiration Date: _____

Notes:

