

# Vehicle Owner Acceptance of Responsibility

The following items must be submitted per semester with this form:

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

## Primary Driver Contact Information

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

Email: \_\_\_\_\_ Local/Cell 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 by the Pennsylvania State University. I also acknowledge that Pennsylvania State University does 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 club sports travel. 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 \_\_\_\_\_ club sport organization for travel to any club event occurring during the Fall or Spring (circle one) of 20\_\_\_\_ (fill in year).**

## Authorized Drivers

I, as vehicle owner, authorize the following club members to drive during this semester:

Driver Name* (Completed by vehicle owner)	Office Use Only License Attached (Yes/No)	Office Use Only License Expiration	Office Use Only App. by AD/Director? (Yes/No)

\_\_\_\_\_  
Vehicle Owner Signature

\_\_\_\_\_  
Date

<p><b>Office Use Only</b></p> <p><u>Registration</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Exp: _____</p> <p>Notes: _____</p>	<p>Received By: _____</p> <p><u>Auto Insurance</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Exp: _____</p>	<p>Date Received: _____</p> <p><u>Driver's License</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Exp: _____</p>
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