# 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 Club Sports Office. I also acknowledge that Pennsylvania State University and the Club Sports Office 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 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 CS Director? (Yes/No) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

_____ _____

Vehicle Owner Signature Date

**Office Use Only** Received By: Date Received:

Registration ☐ Yes ☐ No Exp: _____

Auto Insurance ☐ Yes ☐ No Exp: _____

Driver's License ☐ Yes ☐ No Exp: _____

Notes:

_____

_____