



## The University of Chicago Student Vehicle Use Authorization and Acknowledgement Form

List of Steps Students must complete

1. Submit Copy of Driver's License (front and back) and the original Student Vehicle Use Authorization and Acknowledgement Form
2. Complete and Submit Student Vehicle List Form
3. If driving a personal vehicle submit the declaration page of your policy to document the existence of insurance coverage with requested limits of: Bodily Injury-\$250,000, Each Occurrence \$500,000, Property Damage Each Occurrence \$100,000. These limits are required to drive a personal vehicle on University business.

Student Organization Name:

\_\_\_\_\_

\*Driver's Name:

\_\_\_\_\_

\*Address:

\_\_\_\_\_

\*City State Zip:

\_\_\_\_\_

\*Date of Birth:

\_\_\_\_\_

\*Email:

\_\_\_\_\_

UCID #:

\_\_\_\_\_

\*SS#:

\_\_\_\_\_

Phone:

\_\_\_\_\_

\*License # and State:

\_\_\_\_\_

Years Licensed:

\_\_\_\_\_

Approximate Miles Driven:

\_\_\_\_\_

\*This information is required to run the MVR

Type of Vehicles Driven (circle all applicable):

Car            Yes    No

Van            Yes    No

Other           Yes    No

\_\_\_\_\_

Have you ever been in a motor vehicle accident where you were the driver or have you been cited for a moving violation?

Yes    No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In addition to completing this form, you must register the details of your trip with your advisor. Trip details can be registered at <http://leadership.uchicago.edu/page/student-organization-travel>



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Please note that it takes a minimum of 10 business days to process a request for University insurance. Please submit this form to the trip coordinator or advisor. You will receive word from your coordinator or advisor as to whether or not you are eligible for coverage.

This Student Vehicle Use Acceptance and Acknowledgement is a legal agreement executed in favor of the University of Chicago, University of Chicago Medical Center, its affiliated organizations, trustees, directors, offices, employees and agents (School). Please read this document carefully before signing.

I, \_\_\_\_\_, acknowledge that I freely and voluntarily have agreed to participate in an activity facilitated or organized by the University of Chicago and I have requested the privilege of driving as part of this activity. In doing so, I agree to the following:

**1. Safe Driving Requirement and Student Vehicle Loss Prevention Program Acknowledgement**

I acknowledge that I am to operate any vehicle I may operate on behalf of the University in a safe, responsible manner and in compliance with the law. I have no physical or mental condition that will impair my ability to drive in a safe manner. I acknowledge that I have read, understand and will follow the guidelines put forth in the Student Vehicle Loss Prevention Program. I understand that any violations of this Program will subject me to disciplinary procedures as determined by the Dean of Students.

**2. Driver's License and Motor Vehicle Report**

I certify that I have had a valid US driver's license for more than two years as required by the University Student Vehicle Loss Prevention Program. I have attached a copy of both sides of my license to this form. I will promptly notify my advisor if my license is withheld by any police authority, suspended, revoked or expired. I authorize the University or its agents to obtain a copy of my official state motor vehicle record (showing the current status of the license and any traffic convictions). I further authorize the University to make this information available to the University's insurance company. I further authorize the University to obtain updates of this information during my time as a student without additional authorization. I understand that failure to report any changes that may impact my ability to drive, such as moving violations, DUI's and suspensions, in compliance with the University Student Vehicle Loss Prevention Program, may result in disciplinary action.

**3. Accidents and Traffic Citations While Driving Under This Program**

I shall report any accident involving a University vehicle in my care immediately to the local police (University of Chicago Police if in Hyde Park). As soon as possible, I will notify the Risk Management Department and my advisor. I will complete all state, University and insurance forms promptly, accurately and completely. I will report any traffic citation or parking ticket I receive while using a University vehicle to my advisor as soon as practical. I understand that I am personally responsible for any traffic or parking fines that I may incur while driving on University business. I understand that if I am operating my own vehicle, I will not be covered by University insurance.

**4. Knowledge of Risks**



**The University of Chicago**  
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I understand that driving a motor vehicle may involve risks of injury, including death, I recognize that there may be unavoidable and unforeseeable risks involved in my participation herein. I further agree that my participation in any activity will be at my own discretion and judgment. I voluntarily assume the risk of injury or harm to myself or my property while driving on behalf of the University.

**5. General Waiver and Release of Liability**

I hereby release, waive and discharge the School, its affiliates, and their respective trustees, officers, agents and employees from any and all liability, claim, damages and losses arising out of or in connection with my operation of a vehicle, including, without limitation, any loss, damage or injury arising while traveling to and from cities and towns within and outside of the state of Illinois, which may result in an accident, sickness, injury or death or other circumstances beyond the control of the School. I certify that I or my insurance will be responsible for the costs of medical services that might be necessary due to accidents, illnesses or injuries I may face while driving on behalf of the University, including medical transportation if required. I understand that it is my responsibility to learn what services my health insurance will and will not cover.

It is my express intent that this Acceptance of Risk Agreement shall bind the members of my family, my heirs and assigns. This agreement shall be construed in accordance with the laws of the State of Illinois.

I have read and fully understand the above Acceptance and Acknowledgement Form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please refer to the Insurance [Guidelines for Business Travel and Personal and Rental Vehicle Use](#) for further information regarding the use of Personal and Rental Vehicles