

**UNIVERSITY OF WEST FLORIDA**  
**MOTORIZED CART SAFETY ACKNOWLEDGEMENT FORM**

Full Name: \_\_\_\_\_ Last 4 of University I.D. No: \_\_\_\_\_

Associated Department: \_\_\_\_\_ Dept. Phone No: \_\_\_\_\_

Status:  Employee    Student Employee    Trustee/Officer    Registered Volunteer

By signing below, I acknowledge that:

\_\_\_\_\_ I have read and understand the UWF Motorized Cart Safety Policy.

\_\_\_\_\_ I have completed the Motorized Cart Safety Training.

\_\_\_\_\_ I understand the hazards associated with driving a Motorized Cart and will abide by all safety operating procedures.

\_\_\_\_\_ I have been provided with the opportunity to ask questions related to these guidelines.

\_\_\_\_\_ I possess a valid Driver License and am at least 18 years of age.

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Participant Signature

Date

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University Department Head/Designee Signature

Date

The completed form is to be retained by the University Department Head or designee.

If you have any questions, please contact Environmental Health & Safety at (850)474-2525 or via email at [envhs@uwf.edu](mailto:envhs@uwf.edu)