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 Golf Cart Training Video.

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