

LA SIERRA UNIVERSITY

Golf Cart Driver Agreement

LSU Department (owner of golf cart): _____

Authorized Driver: _____

Driver's License # and State: _____

I have read the La Sierra University **Golf Cart Guidelines** and will adhere to all of the stated requirements**.

Signature of Driver: _____

Date: _____

**There will be an additional addendum from your department that you will be responsible for.

Please submit the completed form to the Office of Risk Management & ADA in the Administration Building, Room 219.

For Office Use Only	
MVR Approved: _____	Approved by Department _____
Date of Approval: _____	Summer / Fall/ Winter / Spring
MVR Check Expiration Date: _____	Year _____