

Coastal Carolina University

Personal Vehicle Travel Liability and Insurance Form

(All students requesting to drive their personal vehicle to a university sponsored off campus class or activity must sign a Personal Vehicle Travel Liability and Insurance Form **before** driving to the class or activity.)

I, _____ understand that Coastal Carolina University will furnish transportation to and from the following off campus class or activity:

I further elect not to use the transportation furnished by Coastal Carolina University and I elect to use my own personal transportation. Therefore, I release Coastal Carolina University, their officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claim of action that I, my estate, heirs, executors or assigns may have arising from not electing to use Coastal Carolina University transportation. By executing this document, I agree to hold Coastal Carolina University harmless for any injury, including, but not limited to, permanent disability or loss of life which may occur to me while electing my own personal transportation.

University Class: _____

Name of Driver: _____

Driver's License Number: _____

State of Issuance: _____ Expiration Date: _____

Owner of Vehicle: _____

Name of Automobile Insurance Company: _____

Automobile Insurance Policy Number: _____

_____ Yes _____ No I certify that I have automobile insurance coverage that meets the requirements of law in the State of South Carolina.

I certify that the above information is correct and if an accident occurs while my car is driven to or from a university activity, I understand that my automobile insurance coverage will be the primary coverage.

Signature of Student/Driver Date

Signature of Professor/Instructor Date