

GOLF CART SAFETY INFORMATION ACKNOWLEDGEMENT FORM

Department: _____

(This form shall be completed by all employees prior to assignment to operating a golf cart and annually thereafter)

Employee Name: _____ Ext. _____

Panther ID #: _____

Name of Supervisor: _____

By signing below I acknowledge that:

(Check all that apply)

- I have read the University Golf Cart Safety Policy
- I understand the terms and conditions of the University Golf Cart Safety Policy
- I have been provided with the opportunity to ask questions related to this policy.
- I have attended/ I have been scheduled to attend the golf cart safety training
(Date Attended/Scheduled: _____)
- I possess a valid driver's license # _____

Employee Signature

Date

Supervisor Signature

Date