

ASHLAND UNIVERSITY
DEPARTMENTAL GOLF CART-TYPE/UTILITY VEHICLE OPERATOR S
AGREEMENT

(To be signed by employees and students operating utility/golf cart-type vehicles)

DEPARTMENT:	
NAME OF DRIVER:	
DRIVER S LICENSE NUMBER:	
TYPE OF VEHICLE AUTHORIZED FOR USE:	
BUSINESS OR MEDICAL NEED:	

I, _____, have read and understand the golf cart-type/utility vehicle safety program and will adhere to all the requirements of the policy.

Signature of Vehicle Operator _____

Date _____