**STUDENT INVOLVEMENT VEHICLE REQUESTS**

**RESERVING UNIVERSITY VANS**

1. Fill out the packet and submit **TWO WEEKS PRIOR** to your trip. Forms can be dropped off at 108 Dougherty.
   1. **The first page must be completed and submitted ASAP** by the driver.
      1. The driver must be certified by Public Safety
      2. Your advisor must also sign this page as well
   2. On the second page, list all of the names of the students who will be riding in the van, along with their emergency contact information.
      1. This list is required by Financial Affairs for University Insurance records.
   3. The third page is a trip waiver that **must be hand signed** by all of the students traveling in a university vehicle.
2. Once your reservation has been submitted and approved by Student Development, **ONLY** the assigned driver can take their **van confirmation and driver’s license** to the Public Safety Office in Garey Hall and pick up van keys.
3. If your group, class or office is using a university van for the first time, please make sure that **Natalie Cooke** has the account number that van mileage should be charged to.

**VAN CHARGES**

Accounts that are submitted for van reservation(s) will be charged $.32 per mile

Departments and/or offices that did not contribute vans into the van fleet pool will be charged an additional $25 per van request.

**REMEMBER:**

Bring your van confirmation and driver’s license when picking up van keys

Keys must be returned to Garey Hall at the end of your trip

**Vehicles must be returned to the designated parking area top floor of the Law School Parking Garage**

***Van reservations must be cancelled at least 24 hours in advance or you will be charged a cancellation fee of $10.***

***One violation will result in loss of van privileges for one month.***

***Second violation will result in loss of van privileges for the semester.***

Questions? Contact Natalie Cooke in the Office of Student Involvement

Phone: 610-519-4211 Email: [studentinvolvement@villanova.edu](mailto:studentinvolvement@villanova.edu)

*Van cancellations after 5pm, call 610-519-6998 or 6992*

**OFFICE OF STUDENT INVOLVEMENT**

**VAN REQUEST FORM**

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Dates Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passenger Car, 7 or 12 Passenger Van \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pick-up/Return time of van/car\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Certified Driver(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s Banner ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s Cell Phone & E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DRIVER: PLEASE READ THE FOLLOWING STATEMENTS; SIGNING BELOW CONFIRMS AGREEMENT:**

* I understand that the van must be returned to the **3rd floor of the Law School Parking Garage**.
* I understand that the keys for the van must be returned to Garey Hall
* I understand that I am responsible for returning the van with a **minimum quarter tank** full of gas.
* I understand that the interior of the van must be **clean** upon return.
* I understand that if the van is involved in an accident/incident, I will **report** it immediately to Villanova Public Safety and the Office of Student Development.
* I understand that if the van and keys are not **returned on time**, my group will **lose van privileges**.
* **I confirm that I have passed the University’s driver certification program, have submitted a Motor Vehicle Report Consent Form, and registered as a driver at villanova.agilefleet.com.**

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

Signature of Certified Driver Date

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

Advisor Name (Printed)

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

Signature of Advisor Date

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | LOCAL ADDRESS | PERSON TO CONTACT IN EMERGENCY | CONTACT PHONE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Student Involvement**

**NOVAdance Field Trip Waiver**

This Waiver. Release, and Indemnity Agreement (“Release”) is executed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Participant”) and given to Villanova University (“University”). Participant, intending to be legally bound hereby, agrees as follows:

Participant has voluntarily chosen to participate in a fundraising trip to the Wells Fargo Center and other fundraising locations in Philadelphia for the 2016-2017 Academic Year (the “Trip”). Participant understands and agrees that there may be health and safety hazards and risks of personal injury, property damage or death associated with the Trip, including but not limited to transportation accidents and dangers inherent in travel to unfamiliar neighborhoods.

Participant understands that the University’s property insurance only covers property that is owned by the University. Participant further understands that the University’s property insurance **does not** cover damage to or theft of Participant’s personal property. Participant accepts all risks of personal property damage or theft of personal property related in any way to the Trip, including but not limited to personal property left in a vehicle owned, leased, or rented by the University, and understands that the University will not be responsible for such damage or theft.

Participant certifies that Participant has no medical condition that would preclude or restrict Participant’s participation in the Trip or increase the risk to Participant of participating in the Trip, and that Participant has adequate health insurance protection to cover the expense of any unforeseen accident or injury. Participant understands that the University does not carry insurance that would respond to any injury sustained by Participant during the Trip. In addition, the University is not responsible for any medical bills the Participant may incur as part of the Trip. Participant recognizes that the University is not obligated to attend to any of Participant’s medical or medication needs, and Participant assumes all risk and responsibility therefore. Participant agrees to only participate in the Trip for the length of time that Participant is comfortable, can accomplish safely, and is within Participant’s ability and skill level.

Participant will not consume any alcoholic beverages or non-therapeutic drugs prior to or while participating in the Trip. Participant authorizes the University, at the University’s sole discretion, to administer to or seek for Participant first aid and other emergency medical services, (including, without limitation, the Heimlich maneuver, mouth-to-mouth resuscitation, cardio-pulmonary resuscitation (CPR), defibrillation, and transportation to a hospital). However, Participant acknowledges that representatives of the University may not be present or may not elect or be able or competent to administer or seek such aid, services, or transportation.

The University has the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of the Trip, in its sole discretion. In such case, the University will not be liable for any fees or expenses incurred by Participant. If Participant leaves or is expelled from the Trip for any reason, there will be no refund of fees already paid. Participant accepts all responsibility for Participant’s travel arrangements and accommodations and for any loss or additional expenses incurred due to delays or other changes in the Trip, means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. Participant agrees to be responsible for any and all costs arising from voluntary or involuntary withdrawal from the Trip prior to its completion, including withdrawal caused by illness or disciplinary action.

In the event Participant participates in any independent travel or extracurricular activities before, during or after the Trip, Participant acknowledges that these activities are not sponsored by the University and that Participant is undertaking such activities at Participant’s own cost, risk and responsibility. Participant agrees to release the University, its officers, trustees, agents, and employees from any and all claims arising out of or in any way connected with such independent travel or extracurricular activities, including but not limited to, any special transportation or travel incident to or from such activities.

Participant acknowledges that the University’s insurance does not cover automobile liability or property damage in connection with the use of personal automobiles, even if such use is for travel to and from the Trip. If Participant will be driving a personal automobile in conjunction with the Trip, Participant certifies that Participant has adequate auto insurance coverage to cover the expense of any accident or injury resulting from the use of Participant’s personal vehicle in conjunction with the Trip.

Participant agrees that Participant is solely responsible for Participant’s own travel arrangements to and Wells Fargo Center and other fundraising locations in Philadelphia should Participant fail to arrive on time for the transportation departures.

Participant and Parent/ Legal Guardian grant permission for the use of Participant’s image in any photographs, recording (including video and/ or sound) or other media containing Participant’s (“Images”) made in connection with the Trip.  The Images may be used without restriction for the benefit of the University in any and all publications or media, in any form, including on any of the University’s web sites or social media sites, without further consideration, and Participant and Parent/ Guardian acknowledge the University’s right to so use the Images at its discretion.

In consideration of participating in the Trip, in full recognition and appreciation of the dangers and hazards inherent in participating in the Trip, Participant and Parent/ Legal Guardian hereby agree to assume all of the risks and responsibilities surrounding participation in the Trip. Further, PARTICIPANT AND PARENT/ LEGAL GUARDIAN, FOR PARTICIPANT’S AND PARENT/ LEGAL GUARDIAN’S SELF, HEIRS, AND PERSONAL REPRESENTATIVE(S), HEREBY AGREE TO DEFEND, HOLD HARMLESS, INDEMNIFY, RELEASE, AND FOREVER DISCHARGE THE UNIVERSITY, ITS OFFICERS, TRUSTEES, AGENTS, EMPLOYEES, AND STUDENTS FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, AND ACTIONS OR CAUSES OF ACTION, ON ACCOUNT OF DAMAGE TO PERSONAL PROPERTY, LOSS OF PERSONAL PROPERTY, OR PERSONAL INJURY OR DEATH WHICH MAY RESULT FROM SUCH PARTICIPATION IN THE TRIP, INCLUDING CLAIMS BASED UPON THE NEGLIGENCE OF THE UNIVERSITY (WHETHER CHARACTERIZED AS NEGLIGENCE OR GROSS NEGLIGENCE), ITS OFFICERS, TRUSTEES, AGENTS, EMPLOYEES, AND STUDENTS.

Participant and Parent/ Legal Guardian certifies that they have read and understand the above statements and that they are true and accurate, and that the signing of this Waiver, Release, and Indemnity is completely voluntary.

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Banner ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Emergency Contact Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If Participant is under the age of 18 years, signature of parent or legal guardian is required.*

Parent/ Legal Guardian’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Legal Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_