



P.O. Box 418  
Ithaca, NY  
14851-0418

IthacaCarshare.org  
phone 607.277.3210  
fax 607.793.9578  
info@ithacacarshare.org

## Younger Driver (18-20) Additional Insurance Consent

**Please return this form by email, mail, or fax to Ithaca Carshare with a copy of the declarations page of the insurance policy showing the *applicant's name and amount of coverage*.**

Name of Applicant

Kevin Lin

Name of person providing insurance  
for Applicant

Xin Lin

Relationship to Applicant

Father

*This form to be filled out by the  
person providing insurance for  
younger drivers (18-20) seeking  
Ithaca Carshare membership.*

Street Address: 301 Eddy St.  
City, State, ZIP: Ithaca, NY, 14850  
Phone (day): 832-509-9856 Phone (eve): 832-509-9856  
Email address: kl738@cornell.edu

I agree to be responsible for and pay any payments and other amounts due Ithaca Carshare on the Applicant's account, if s/he fails to do so.

I recognize that this Consent, together with the Membership Agreement, will become a binding contract on me, and that Ithaca Carshare's approval of the Applicant's application is subject to my execution of this Agreement, including, without limitation, my fulfillment of the secondary insurance coverage requirement described below.

I represent and warrant that I have and will maintain liability insurance coverage in the amount of at least three hundred thousand dollars (\$300,000) that I believe, to the best of my knowledge, covers the Applicant's operation and use of the vehicle(s) to be provided to the Applicant by Ithaca Carshare, and I have confirmed this coverage and the applicability thereof to the Applicant's use of Ithaca Carshare vehicles. I will maintain such insurance until the Applicant's Ithaca Carshare membership is terminated, or the Applicant turns 21, whichever is earlier. I agree that I will be responsible for the payment of any claims, damages, or other amounts not covered by insurance in the event of an accident or other incident in which the Applicant is involved.

Name of Insurance Company GEICO

Contact Name (Insurance Agent) NA Phone NA

I waive any right I have to sue or make claims against Ithaca Carshare and its respective directors, officers, agents, employees or other Members for any damages or losses arising out of or in connection with either vehicle or property-related issues or personal injury-related issues (such as any damage or injury to persons or death). In no event will Ithaca Carshare be liable for loss of profits or indirect, consequential or special damages, however caused. I also agree to indemnify and hold harmless Ithaca Carshare and its directors, officers, agents, or employees in the event that any of them incurs liability and/or expense (including, without limitation, attorney's fees and costs) as result of a claim by a third party arising out of use of a Ithaca Carshare vehicle through the Applicant's membership, except to the extent that Ithaca Carshare's gross negligence was the sole cause of the damage or liability. Notwithstanding the above, I do not waive any rights to make claims against Ithaca Carshare for damages arising solely from Ithaca Carshare's gross negligence. Provisions for notice and governing law follow the Ithaca Carshare Membership Agreement.

Signature of person providing insurance for Applicant

Xin Lin

Date

6/7/2017

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GOOD FOR YOU,  
GOOD FOR THE PLANET.