



Golf Cart Safety Policy & Procedures Program Acknowledgement Form

Employee Name (print): _____

Department: _____

I acknowledge that:

- I have read the University Golf Cart Safety Policy & Procedures.
- I understand the content delivered in this document.
- I have completed Golf Cart safety training.
- I have shown my driver's license to the Golf Cart safety training instructor who has confirmed that it is valid and current.
- I will comply with all policies and procedures set forth by this document, understanding that non-compliance will result in disciplinary action, up to and including dismissal.

Employee's Signature: _____ Date: _____

Driver's License #: _____ Expiry Date: _____ Issuing Jurisdiction: _____

Instructor's Name: _____ Signature: _____

Date: _____