

**NOTRE DAME ATHLETICS TEAM TRAVEL POLICY
DRIVER INFORMATION AND ACKNOWLEDGEMENT (FORM D)**

By signing below, I hereby acknowledge that I have completely read and fully understand the University of Notre Dame Department of Athletics Team Travel Policy Driver Guidelines. I also affirm the truth of the following statements:

A. I currently hold a driver's license valid for motor vehicle operation in the United States, and have held such driver's license for at least two (2) years.

☐ True

☐ False. Please explain: _____

B. To my knowledge, my driver's license has never been suspended or revoked.

☐ True

☐ False. Please explain: _____

C. I acknowledge that I have an affirmative duty to report all changes in status of my driving privileges or driver's license (including expiration, suspension or revocation) within two (2) business days of such change(s) to my Sport Administrator (for those engaged in Team Travel involving intercollegiate athletics and cheerleading) or to RecSports (for those engaged in Team Travel involving club sports).

D. I viewed the Safe Driving Course that is required prior to driving under the Team Travel Policy on _____ (*enter date*) (Note: the Safe Driving Course is required annually for student drivers, and every three (3) years for non-student University employee or volunteer drivers).

E. **FOR VOLUNTEER COACHES ONLY:** I understand and agree that I shall not serve as a driver under the Notre Dame Team Travel Policy unless I am then covered by a personal automobile insurance policy that meets the minimum statutory requirements of my state of residence.

Signature

Date