



Volunteer Driver Waiver & Release of Liability Form

Activity: _____ Date(s) of Activity: _____

Volunteer driver information (please print):

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

Driver License No.: _____ (indicate state)

Auto insurance company and policy number: _____

If you are not the vehicle owner:

Owner's Name and Address: _____

Vehicle License Plate Number: _____

As a volunteer for the Oklahoma Hemophilia Foundation (OHF) I understand that my safety and the safety of others is paramount. I understand that driving as a volunteer is a privilege, not a right. Before being permitted to drive a personal vehicle on behalf of OHF, I hereby accept and acknowledge that the following rules apply:

1. I must provide evidence of my current status as a licensed driver in Oklahoma.
2. I must maintain adequate personal auto insurance and will provide a copy of my Declarations page with this form.
3. I will comply with all OHF policies and procedures as well as any directions provided by my supervisor or the Executive Director of OHF.
4. I will comply with all laws and regulations concerning driving, including laws pertaining to the use of seat belts, child safety seats, cell phone use, maintaining proper distance between vehicles, and speed limits.
5. I will refrain from use of my cell phone while driving, even through a hands free device.
6. I will not, under any circumstances, attempt to keep a specific time of arrival by breaking traffic laws or driving in an unsafe manner. If following posted speed limits will make me late, I will stop somewhere in a safe area to call an appropriate person to let them know of the new arrival time.
7. I will promptly notify my supervisor of any physical conditions, vehicle defects, or road conditions that might affect my safety or the safety of those I am driving.
8. I will not allow any unauthorized person to be a passenger in or to drive the vehicle listed above while engaged in OHF operations, unless that other driver has also been approved as a driver and has completed a Volunteer Driver Waiver.



9. I will notify my supervisor and the OHF Executive Director of any traffic citations I receive—even if given while driving on my personal time.
10. If involved in an accident, I agree to complete an accident report provided by OHF and to cooperate with the police, the Executive Director of OHF, and OHF's insurer, its insurance adjusters and attorneys.

I understand that as a volunteer driver, my personal auto insurance will be the policy responsible for any accidents or incidents that involve my vehicle, including those that occur while I am serving as a volunteer driver for OHF.

I understand that the OHF does not furnish any insurance for the protection of its volunteer drivers for any claim or suit that may be made against its volunteer drivers arising out of the operation of a personally owned vehicle; nor is any insurance provided by the OHF to repair damage that may occur to a personally owned vehicle.

INDEMNITY: I agree to indemnify the OHF against all claims, losses, damages and expenses, including legal fees, which the OHF may incur as a result of the use of my vehicle on behalf of the OHF.

Signature of Driver: _____

Printed Name: _____

Date: _____