



# Southeastern Unitarian Universalist Summer Institute (SUUSI)

## Driver Information/ Waiver and Release of Liability

SUUSI's insurance company requires the following information from individuals who drive to SUUSI workshops.

### Option 1:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Drivers License State \_\_\_\_\_

\_\_\_\_\_ (initials) I certify that I meet the guidelines for acceptable drivers on the attached document entitled SUUSI MVR/DRIVER GUIDELINES.

([http://suusinature.com/wp-content/uploads/2022/07/SUUSI\\_WestBendDriverGuidelines.pdf](http://suusinature.com/wp-content/uploads/2022/07/SUUSI_WestBendDriverGuidelines.pdf)).

\_\_\_\_\_ (initials) I certify that I have at least the minimum amount of automobile insurance coverage required by my state.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Option 2:

I do not wish to provide this information. I agree to sign the waiver below.

### Waiver and Release of Liability

I \_\_\_\_\_ (full name), understand the risk and danger to me, my passengers and our property associated with driving to a SUUSI workshop, and I do so voluntarily in reliance upon my own judgment and ability. I knowingly and voluntarily assume all risk of personal injury, death, and property damage or loss from any cause whatsoever, including, but not limited to, damage to my car caused by a collision with another car or another item; damage due to fire, theft, vandalism, hail damage, or animal damage; or bodily injury or death due to the same.

I release and forever discharge SUUSI, its trustees, officers, employees, agents, volunteers, and contractors of any and all legal or financial responsibility, including, but not limited to, any personal injury, disability, illness, damage, or death. Also, I agree, on behalf of myself, my personal representatives and heirs, not to make any type of legal or equitable claim on SUUSI, or any of its trustees, officers, employees, agents, volunteers, or contractors with respect to any injury or property damage, whether or not it arises through the negligence, omission, default, or other action of anyone affiliated with SUUSI, including fellow SUUSI attendees. I further agree that if any such claim is made, I will indemnify and defend SUUSI with respect to any such claim.

I understand that this Waiver and Release of Liability is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina and agree that if any portion of this Waiver and Release of Liability is found invalid, the remainder will continue in full legal force and effect.

I am of legal age and am freely signing this Waiver and Release of Liability. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

Signature \_\_\_\_\_ Date \_\_\_\_\_