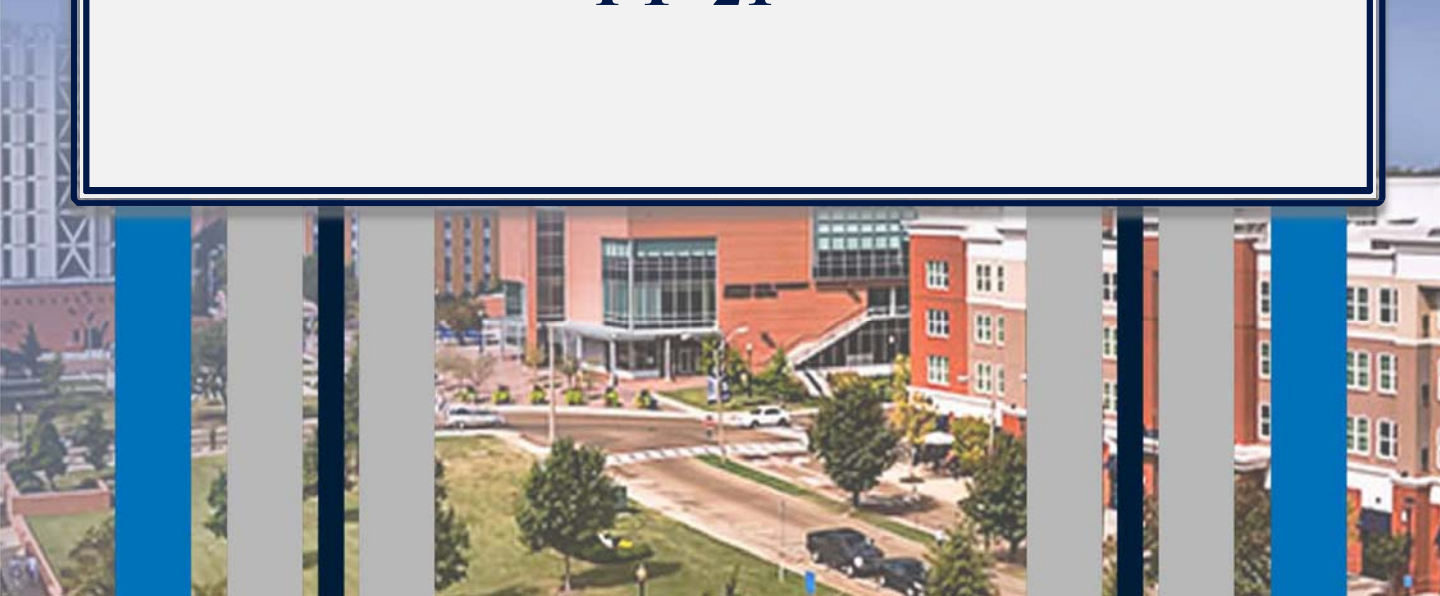




**TRANSPORTATION/
FLEET MANAGEMENT
APPROVED DRIVER FORMS**

FY' 21



ACKNOWLEDGMENT (JSU AUTO #1)



I, _____, hereby acknowledge that I have been provided with a copy of the

Jackson State University Department of Facilities & Construction Management Transportation Fleet Management Operators Manual; that I read and understood its terms and provisions; and agree to abide by each when operating a vehicle on behalf of or for the benefit of Jackson State University. I further acknowledge and agree that failure to comply with these procedures may result in a revocation of my authorization to drive a vehicle owned by Jackson State University.

Employee Printed Name

Employee Signature

Department

Date

Department Head Printed Name

Department Head Signature

Date

CONSENT TO RELEASE OF INFORMATION (JSU Auto #2)



The Jackson State University Department of Facilities & Construction Management Transportation Fleet Management Operators Manual requires that all relevant information and documents be maintained regarding each Employee who wish to operate an University and/or Personal Vehicle on behalf of or for the benefit of the University. By signing below I consent to my license being photocopied and used for verification of my driver's license status and or obtaining a record of moving violations in the past five years with the appropriate Mississippi State Agency or applicable entity and/or agency in any other state or country.

If Jackson State University is unable to obtain verification of my driver's license record, I agree to obtain and furnish Jackson State University with certification of my current and valid driver's license and a certified copy of my moving violations record from the applicable entity and/or agency.

First, Middle & Last Name: _____

Driver's License Number: _____

Residence Address: _____

City: _____ **State:** _____ **Zip:** _____

Signature

Date

***NOTE: PLEASE ATTACH A COPY OF DRIVERS LICENSE TO THE BACK OF THIS FORM**



Acknowledgement of Risk and Release and Waiver of Liability Form

GENERAL INFORMATION *All information is required and entries must be written in English. Please print.*

Last Name _____ First Name _____ MI _____

Phone _____ J-Number _____ DOB _____ / _____ / _____

Home Address _____

Emergency Contact's Name *(If Participant is Under 18 Years Old)* _____

Relationship _____ Phone No. _____

DESCRIPTION OF EVENT/ACTIVITY: _____

DATE OF EVENT/ACTIVITY: _____

LOCATION OF EVENT/ACTIVITY: _____

WAIVER, HOLD HARMLESS AND INDEMNIFICATION

The undersigned and participant, if participant is not the undersigned (hereinafter together referred to as "the undersigned") wishes to participate in the event or activity described above (or, if the undersigned is not the participant, the undersigned wishes to have his/her minor child participate in the event or activity described above). In consideration of being permitted to participate in the above event/activity, the undersigned, on behalf of the undersigned, and the heirs, estate, executors, administrators, and personal representatives of the undersigned and the participant, the undersigned does hereby release, waive, discharge, indemnify and hold harmless Jackson State University, its officers, directors, trustees, employees, agents, successors, and/or assigns from and against any and all claims, actions, suits, costs and damages (including, but not limited to attorney's fees), liabilities and causes of action relating to injuries to person (including disability and/or death) and/or damages to property arising from participation in the above-described event or activity.

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

The undersigned fully recognizes that there are dangers and risks to which the undersigned may be exposed by participating in the event or activity described above. The undersigned acknowledges that Jackson State University does not require the undersigned to take part in, or attend, the event or activity described above. The undersigned further acknowledges that participant has freely chosen to take part in the above-described event or activity despite any possible dangers and risks associated with doing so. The undersigned signs this Release and Waiver after careful consideration of the dangers, hazards and risks of participating in, or allowing a minor child to participate in, the above-described event or activity. The undersigned, on behalf of the undersigned and the participant (if the undersigned is not the participant), assumes all of the risks and responsibilities associated with participation in this event or activity.

BINDING EFFECT

This Release and Waiver shall bind the estate, heirs, executors, administrators, personal representatives, successors, and/or assigns of the undersigned. This document shall be deemed a release, waiver, discharge and

covenant not to file a cause of action or suit relating to injuries to person (including disability and/or death) and/or damages to property arising from participation in the above-described event or activity against Jackson State University, its officers, directors, trustees, employees, agents, successors, and/or assigns and agree to hold harmless and indemnify same.

MEDICAL CARE

The undersigned does hereby assure Jackson State University that the undersigned is covered by adequate health insurance to cover for all medical costs arising from injuries to participant as a consequence of participating in the above event or activity. The undersigned further understands that Jackson State University is not responsible for any medical expenses associated with any personal injury the undersigned may sustain while participating in the event or activity and understands that Jackson State University does not provide medical insurance for the undersigned.

The undersigned acknowledges that medical personnel may not be available at the location and time of the event or activity. The undersigned, agrees that Jackson State University, its officers, directors, trustees, employees, agents, successors, and/or assigns are granted permission to authorize emergency medical treatment, if necessary, and such action shall be subject to the terms of this Release and Waiver. The undersigned understands and agrees that Jackson State University, its officers, directors, trustees, employees, agents, successors, and/or assigns shall assume no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

PHOTO/QUOTE RELEASE FORM

The undersigned, on behalf of the undersigned and participant (if participant is not the undersigned) authorizes Jackson State University to make use of video/photographs taken of participant and/or any quotes attributed to participant. And, the undersigned further grants to Jackson State University the perpetual right to any use of the video/photographs and any quote attributed to the undersigned, or with a fictitious connection, either solicited or unsolicited, at its discretion, whether through its own facilities or those of other agencies or organizations to whom it subsequently grants use.

Also, the undersigned agrees that Jackson State University shall not be required to include or credit identifying any person in the use of the video/photographs for certain purposes. The undersigned has not received payment nor been promised anything of value for use of their image. And finally, hereby releases Jackson State University, its officers, directors, trustees, employees, agents, successors and assigns, from any and all claims for damages, for libel, slander, invasion of privacy, appropriation of my image or personality, or any other claim based upon the use of the video/photographs taken of the undersigned.

CHOICE OF LAW AND SEVERABILITY

This Release and Waiver shall be construed in accordance with the laws of the State of Mississippi. If any term or provision of this Release shall be found to be illegal or unenforceable, the validity of any remaining provisions shall not be thereby affected.

All claims arising out of this Release and Waiver shall be filed in a court of competent jurisdiction in the State of Mississippi, County of Hinds.

ACKNOWLEDGMENT OF UNDERSTANDING

The undersigned acknowledges that he/she has read this entire Release and Waiver, he/she fully understands it, and he/she agrees to be legally bound by it. The undersigned further represents that he/she is fully competent to execute this Release and Waiver and be legally bound by it.

If the undersigned is a person other than the participant, the undersigned represents that he/she is the natural parent or legal guardian of the participant and, as such, has legal authority and competency to execute this Release and Waiver on behalf of the participant to bind the undersigned, the participant, and the estate, heirs, executors, administrators, personal representatives, successors, and/or assigns of the undersigned and the participant.

Signature of Parent/Guardian _

Date _/ _/ _

Signature of Student _

Date _ / _/ _

VEHICLE USAGE STATEMENT FOR STUDENT TRIPS (JSU AUTO #4)



Date of Trip: From: _

To: _

Purpose of Trip: _

Destination(s): _____

Vehicle Identification: Year: _____

Make: _____

Type: _____

Student Identification:

NAME

STUDENT ID NUMBER

Name of Driver

Date of Birth

Signature of Driver

Date

Signature of Administrator

Phone Number



Misuse or lack of reasonable care of University Vehicles

- A vehicle returned to the Jackson State University Department of Facilities & Construction Management Transportation Fleet Motor Pool showing obvious signs of unreasonable care or damages will be repaired and the department responsible for the damage maybe billed for the required repairs.
- A cleaning fee of \$50.00 may be charged to a department that returns a vehicle in unsanitary condition(example: Food left on vehicle, liquid spills, etc.).
- To the extent permitted and authorized by Mississippi law and University policy, the department may use its own discretion in determine to charge the cost of cleaning and report to the individual directly responsible for the condition of the vehicle..

Agreement

I, _____, accept the responsibility that has been given me to
Print name

as a University employee and agree to the provisions of the aforementioned policy.

Signature

Date

Billable/Non-Billable Charges

JSU Vehicles: Non-Billable	JSU Vehicle Services: Billable
Vehicle Detail	Tires
Service Calls	Body Repair/Window Damages
Oil Changes	Fuel



In accordance with sections 25-1-77 through 25-1-83 of the Mississippi Code I, _____
Name

Department

Social Security Number

Understand and agree that my use of a JSU Vehicle and/or PERSONAL VEHICLE on behalf of JSU for dates from July 1, 2020 to June 30, 2021 shall be exclusively for the fulfillment of State of Mississippi business. I understand and agree that I am not to use the vehicle for any other reason whatsoever (human life threatening medical emergencies excepted). I agree to operate the vehicle in safe, prudent and lawful substances, which may impair my ability to operate the vehicle in a safe manner. I understand that seatbelts will be worn by all vehicle occupants when the vehicle is in motion. I will not permit any other person to operate the vehicle while it is in my control unless such use is made part of this agreement. I hereby acknowledge that I have been provided with a copy of the policies and procedures relative to motor vehicles. I have read and understand its terms and provisions; and agree to abide by each when operating Jackson State University Vehicles and or a PERSONAL VEHICLE on behalf of or for the benefit of Jackson State University. I also acknowledge that I have received and been informed of the penalty regarding the use, care, and maintenance of the vehicle assigned to me. In the event of an accident, I understand that I am to notify my department manager and the manager will contact the Transportation Manager of Facilities & Construction Management. I accept the responsibility that has been given me as an operator of a Jackson State University VEHICLE and/or PERSONALVEHICLE and I agree to the provisions of the aforementioned policy.

One of the following must be checked:

I do truthfully state that I have a valid driver’s license. I do truthfully state that in the past five years my license has not been suspended, nor have I had an at-fault accident, nor convicted of any drug or alcohol related driving violations, nor have I been convicted of any unsafe motor vehicle operations or violations including, but not limited to, speeding, improper passing, reckless driving, running red light or stop sign, or failure to yield right of way.

I do truthfully state I have a valid driver’s license. I do truthfully stat that in the past five years my license has not been suspended and that I have not been convicted of any drug or alcohol related driving violations. I do truthfully stat that in the past five years I have been convicted of the following motor vehicle violations and/or accidents (please list):

Type of violation and/or accident _

Date: _

State: _

Type of violation and/or accident _

Date: _

State: _

***** IMPORTANT NOTICE TO DRIVER: DO NOT SIGN BELOW UNLESS YOU HAVE READ AND UNDERSTAND THIS DOCUMENT. I UNDERSTAND THAT ANY MATERIAL FALSE STATEMENT OR USE OF THE VEHICLE NOT FOR PURPOSES PERMITTED BY THIS AGREEMENT IS DEEMED NOT WITHIN THE COURSE AND SCOPE OF MY EMPLOYMENT AND SHALL REQUIRE ME TO ASSUME THE FULL LEGAL AND FINANCIAL CONSEQUENCES OF MY ACTIONS.**

Signature of Driver

Date

Department Head

Date

Transportation Manager

Date

Director of Facilities & Construction Management

Date

Jackson State University
AUTHORIZATION FOR BACKGROUND REVIEW
DISCLOSURE AND CONSENT FORM

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Jackson State University as well as its designated agents and representatives (the "University") to conduct a comprehensive review of my background through a consumer reporting agency. I understand the scope of the consumer report or reports may include, but is not limited to, the following areas: verification of Social Security number; sex offender registry; criminal history, including records from any criminal justice agency in any or all federal, state, or county jurisdictions; current and previous residences; employment history; education; references; credit history and reports; and motor vehicle record searches. A summary of your rights under the Fair Credit Reporting Act is provided in the attached document, or viewable at www.ftc.gov/credit.

AUTHORIZATION

I have carefully read and understand this Disclosure and Consent form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports prepared by a consumer reporting agency and/or the University, including its designated representatives and agents as well as insurers. I am authorizing the University, including its agents, assigns, and affiliated entities, to obtain consumer reports, and this consent shall apply at any time during my employment with the University.

I also understand that information contained in my application or otherwise disclosed by me before or during my appointment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports. By my signature below, I authorize individuals, institutions or agencies contacted by the University or the Mississippi Board of Trustees of the State Institutions of Higher Learning and its designated agents or representatives to furnish information as stated above. I understand that information pertaining to me and obtained through background checks or consumer reports, including motor vehicle reports, may be used for hiring, employment, or underwriting purposes.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Consent form, whether in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the University.

Last Name (Printed)

First

Middle

Social Security Number

Date of Birth

Present Address

City, State, Zip Code

Signature

Date

Email

Guardian Signature if individual is under 18

Date

Guardian Printed Name

Relationship to Minor