

Clayton State University  
ATV/UTV/Golf Cart Vehicle Safety  
Guidelines and Acknowledgement Form

Employee/User Name (print): \_\_\_\_\_

ID Number: \_\_\_\_\_

Department: \_\_\_\_\_

By signing below I acknowledge that:

\_\_\_\_ I have read, understand, and will follow the ATV/UTV/Golf Cart Operations Policy

\_\_\_\_ I have completed the ATV/UTV/Golf Cart Training Module

\_\_\_\_ I understand the hazards associated with driving an ATV/UTV/Golf Cart and agree to abide by the safety guidelines.

\_\_\_\_ I have been provided with the opportunity to ask questions related to these guidelines.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

This completed form is to be included in the employee's personnel file along with a copy of a valid Driver's License.