

**INFORMED CONSENT – USE OF PRIVATE VEHICLE  
EMPLOYEES**

I, the UNDERSIGNED, hereby acknowledge that the use of my private motor vehicle for travel purposes related to my duties as an employee at the University of Windsor, involves the RISK OF ACCIDENT, INJURY OR DEATH to myself and/or others. Such ACCIDENTS, INJURY OR DEATH may result from my own actions or the actions or inactions of others, or a combination of each.

I understand and accept that as an individual citizen that I am primarily responsible for the safe operation of my private motor vehicle. I agree to comply with all applicable local, regional, provincial and federal laws related to the safe operation of said motor vehicle. In particular, I agree to ensure that my private motor vehicle is adequately insured, and that the liability portion of my insurance is not less than \$2,000,000.00. I further agree that I will be responsible for ensuring that a copy of this agreement is forwarded to the insurer of my private motor vehicle.

I agree that THE UNIVERSITY OF WINDSOR, its employees, servants or agents shall not be liable for any ACCIDENT, INJURY OR DEATH to myself and/or others resulting from the use of my private motor vehicle in relation to my duties as a volunteer for the University of Windsor, UNLESS such accident, injury or death is caused by the SOLE NEGLIGENCE of the University of Windsor or its employees, servants or agents while acting within the scope of their duties.

I declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to the use of my private motor vehicle acknowledging the foregoing.

**Name:** \_\_\_\_\_

*Please Print*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Submit Form To:** Insurance Officer at [lisa.ambedian@uwindsor.ca](mailto:lisa.ambedian@uwindsor.ca).