

# APPENDIX III

## *Sample Document Only*

\_\_\_\_\_ Chapter  
Phi Delta Theta Fraternity

### DESIGNATED DRIVER STATEMENT

CHAPTER EVENT \_\_\_\_\_

EVENT DATE \_\_\_\_\_

DESIGNATED DRIVER NAME \_\_\_\_\_

STATE AND DRIVERS LICENSE NUMBER \_\_\_\_\_

INSURANCE COMPANY NAME \_\_\_\_\_

STATE & CAR REGISTRATION NUMBER \_\_\_\_\_

I wish to serve as a designated driver for a chapter event. I understand that if selected, I agree to abide by the following requirements:

- 1) I am a licensed driver and will be the only operator of my vehicle.
- 2) I have automobile liability and collision insurance.
- 3) My vehicle is in safe working order.
- 4) I will drive in a safe manner and obey all traffic laws.
- 5) I will not consume alcohol on the date of the event for which I am a designated driver.
- 6) I will not transport any alcohol, controlled or illegal substances in my vehicle.
- 7) I will require that all passengers wear a seat belt, and will not transport more passengers than there are working seat belts in my vehicle.
- 8) I will go directly to and from the event without stopping enroute.
- 9) I will abide by all Fraternity and chapter policies and state laws.
- 10) I understand that the Fraternity does not provide any insurance to cover my participation in this program and that in the event of any accident my only source of insurance protection is my own automobile insurance.

I will be solely responsible for the operation of my vehicle, and I release the Fraternity, the chapter and their officers, employees and agents, from liability for any personal injury or property damage arising out of the operation of my vehicle.

Signature \_\_\_\_\_

Designated Driver

Date \_\_\_\_\_