

MOUNT WACHUSETT COMMUNITY COLLEGE
Gardner, MA 01440
STUDENT LIFE OFFICE

PRIVATE VEHICLE REQUEST FORM

I _____
(print your full name)

hereby indicate that I have chosen to utilize a private vehicle in providing transportation to this college-sponsored event. In doing so, I have chosen not to use the transportation provided by Mount Wachusett Community College and, therefore, bear sole burden of responsibility in my travel during the event.

THE ABOVE APPLIES TO THE FOLLOWING FUNCTION:

Date of Function:

(month, day, year)

Time of Function: from: to:

Club/Organization:

Function Name:

Location of Function:

I also reaffirm my acceptance of the conditions specified in the Acknowledgement of Risk and Consent Form that I have also signed. (*Please attach Acknowledgement of Risk and Consent Form.*)

Executed as a sealed instrument on this day: _____
Today's Date (month/day/year)

Student's Printed Name

Student's Signature