

Drivers Vehicle Waiver

CannonAADDstaff@cannon.af.mil

784-2233 (AADD)

RANK/NAME (Print) _____ Squadron _____

Contact Numbers: Home/Cell _____ Work _____

Read each statement then initial. Sign at the bottom.

- _____ 1. I do have a valid driver's license.
- _____ 2. I have provided a copy of my current insurance to the AADD scheduler.
- _____ 3. I understand that I am volunteering my time and the use of my personal vehicle for the job of providing a safe ride home for intoxicated individuals.
- _____ 4. I understand that AADD will not reimburse me for gas used or upholstery cleaning cost if required.
- _____ 5. I understand that since I am a driver for AADD on a volunteer basis, I cannot hold AADD, any of its members, or the USAF liable in the event that I get into an accident while driving.
- _____ 6. I understand that AADD does not give me authorization to violate any laws while performing pick-ups and deliveries.
- _____ 7. I will not take advantage of any passenger while operating for AADD.
- _____ 8. While I am on standby at my home, I will not drink or become otherwise impaired so that I cannot safely perform my volunteer duties.
- _____ 9. I will not demand or accept any type of reimbursement.

SIGNATURE _____

DATE _____

AADD Staff Section Only:	Date	Initials or Signature
Added to Distribution list		
Added to Membership list		
Insurance Received		

If you have questions please call:

A1C Pons Abascal	AADD President	(575) 784-7213 Duty
A1C Padron	AADD Vice President	(575) 784-6207 Duty
SrA Nevins	AADD Secretary	(575) 784-7776 Duty