State Vehicle Waiver

Department of Administrative Services –
Risk Management

I, _____have requested that I be allowed to ride in the State vehicle provided by the Nebraska Department of Education. It has been explained that if we are in an accident while I am a passenger in the vehicle owned by the State of Nebraska, not all medical expenses or other damages may be covered.

I understand that if there is an accident, which is caused by someone other than by the State driver/vehicle, that this does not affect my ability to sue the party driving or owning the other vehicle.

I acknowledge and understand that I am required to wear my seat belt at all times in this vehicle, I am not allowed to smoke in this vehicle, and I must comply with all rules governing state employee use of this vehicle. I know that I do not have the approval to drive this vehicle unless it is considered an immediate emergency. In case of such emergency, the state's liability insurance will remain in effect.

Dated: April 17, 2027-April 13, 2028

Signature of Non-State Teammate Passenger: _____

Signature of Parent or Guardian: _____
(Non-State Teammate is under 19 years of age)

State Agency Teammate Signature (Driver): _____

State Agency Teammate Signature (Driver): _____

State Agency Teammate Signature (Driver): _____

Agency Supervisor/Team Leader or Designee Signature: _____