Appendix 1

Administrative Office of the Courts and Probation

STATE VEHICLE WAIVER FOR PASSENGERS

I have requested that I be allowed to ride in the state vehicle provided by the Administrative Office of the Courts and Probation. 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 waiver does not affect my ability to sue the other party driving or owning the other vehicle.

It has been explained that I am required to wear my seatbelt at all times in a state vehicle, I am not allowed to smoke in a state vehicle, and I must comply with all rules and policies governing state employee use of state vehicles. I know that I do not have the approval to drive a state vehicle unless it is considered an immediate emergency. In case of such emergency, the State's liability insurance will remain in effect.

Passenger Signature _____ Date _____

(If passenger is a minor, signature of parent or guardian MUST be obtained.)

Parent or Guardian Signature _____ Date _____

Relationship to the minor _____

Printed Passenger Name _____

Judicial Branch Employee _____ Date _____

This waiver shall remain in effect for up to one year from signing, unless the identified passenger (parent or guardian for minors) submits written notice to revoke.