

**International Order of the Rainbow for Girls
Nevada Grand Assembly**



**AFFIRMATION OF DRIVER LICENSE AND VEHICLE INSURANCE
2023**

Form must be updated annually or as changes occur.

Nevada Grand Assembly has established a Driver's License and Vehicle Policy ("Policy"), which may be viewed at: www.nviorg.org. The full Policy is incorporated by reference as part of this Affirmation.

Drivers and vehicle owners are encouraged to review the full Policy prior to executing this form, keeping in mind that: Nevada Revised Statutes and Nevada Grand Assembly require all drivers of any vehicles to, from or at a Nevada Grand Assembly sponsored function that transport participants or other volunteers have a valid driver's license. The same also require the owner of any vehicle registered to drive on public streets and for the purpose stated above to carry the proper liability insurance to cover damages of bodily injury to another party and property damage to other's property.

The undersigned agrees and acknowledges as follows, by initialing below:

_____ I have a valid driver license.

_____ I have valid vehicle insurance coverage that meets (or exceeds) the minimum threshold required by Nevada law, OR the legal owner of the vehicle holds valid insurance coverage that meets (or exceeds) the minimum threshold required by Nevada law.

_____ I agree to be fully responsible for payment or reimbursement of any damages, medical charges, or expenses incurred on behalf of any participant or volunteer for which the Driver(s) or Vehicle Owner(s) are found at fault during a Rainbow sponsored function.

_____ I agree to indemnify and hold harmless Nevada Grand Assembly, the Supreme Officer, all members and volunteers of Nevada Grand Assembly, the International Order of the Rainbow for Girls, all Assemblies of Nevada Grand Assembly, the Masonic Fraternity, and any sponsoring body or affiliates thereof from any claim, demand or action which may be initiated by any 3rd party, individual, organization or entity, against the aforementioned parties for the recovery of such medical expenses, including any legal fees or expenses incurred in defending against such claims.

Signature: _____ Date: ____/____/____

Driver Information:

Name as it appears on License: _____

State of Issuance: _____ Driver License #: _____ Expires on: ____/____/____

Vehicle Insurance Information:

Vehicle Insurance Carrier Name: _____

Vehicle Insurance Policy #: _____ Policy Expiration Date: ____/____/____

Insured Vehicle(s):

| Vehicle Make: | Model/Model Year: | License Plate/State: | Vehicle's Owner: |
|---------------|-------------------|----------------------|------------------|
| | | | |
| | | | |

(add additional sheets as needed)