

**UNIVERSITY OF LOUISVILLE CARDINAL ATHLETICS  
AFFIRMATION OF NEED FOR WHEELCHAIR/MOBILITY DISABILITY  
ACCESSIBLE-SEATING**

I, \_\_\_\_\_, do hereby affirm the following:  
(name)

1. I agree that I have read and understood the University of Louisville Cardinal Athletics Wheelchair/Mobility Disability Ticket Policy. I further agree to comply with that policy, and all other relevant University of Louisville ticketing policies, in good faith.
2. I require tickets for Wheelchair/Mobility Disability-accessible seating because I and/or my companion(s) (a) must use a wheelchair or another mobility device, including walkers, crutches, canes, braces, or other similar devices designed for use by individuals with mobility disabilities, or (b) have a mobility disability that requires physical features that only accessible seating provides.
3. I agree that any such Wheelchair/Mobility Disability tickets I purchase will require payment of the same price and (if applicable) Cardinal Athletic Fund donation as comparable non-accessible tickets.
4. I agree that if I or my companion(s) no longer require Wheelchair/Mobility Disability seating, I will promptly inform the University of Louisville Ticket Office in writing.
5. I agree that if I provide a Wheelchair/Mobility Disability ticket to an individual who does not require Wheelchair/Mobility Disability seating, and does not accompany an individual who requires Wheelchair/Mobility Disability seating, I will instruct that individual to exchange his Wheelchair/Mobility Disability ticket for comparable non-accessible seating prior to the ticketed event.
6. I agree that the University and its agents have the right to inquire about, and investigate, potential fraud or misuse in the purchase, exchange, or use of Wheelchair/Mobility Disability tickets as permitted by law. I further agree that, should the University decide in its sole discretion that such fraud or misuse has occurred, I may be subject to ejection, loss of season ticket privileges, and/or other appropriate penalties.

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Please return this form to:      Cardinal Athletic Fund  
University of Louisville  
Louisville, KY 40292