



ADULT DRIVER FORM
AUTHORIZATION TO USE PRIVATELY OWNED VEHICLE
Please print and complete all boxes

I. DRIVER INFORMATION

Driver's Name	Activity	Name of Sponsor
Driver's Address	Phone	Vehicle Description
Date(s) of Driving	No. of Passengers	Year of Vehicle
Owner of Vehicle, if different than driver		

II. CERTIFICATION

Approval is requested to use a privately owned automobile.

- A. I certify that whenever I drive a privately owned vehicle, the vehicle will always be:
1. Covered by liability insurance for the minimum amount of \$300,000 single limit or \$100,000/\$300,000/\$50,000 automobile liability insurance.
 2. Equipped with one seat belt for every passenger.
 3. To the best of my knowledge, in safe mechanical condition and adequate for passenger transportation.
- B. I further certify that while using a privately owned vehicle, all motor vehicle laws will be obeyed, including all passengers' use of seat belts.
- C. I further certify that I am at least 21 years old, and I possess a valid driver's license as follows:

License Number	Date of Birth	Expiration Year
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Attached is a copy of my driver's license.

- D. I have ____ number of points charged against my driver's license for moving traffic violations. I have never been convicted of either Driving Under the Influence (DUI) or Driving While Ability Impaired (DWAI).

I certify the above information is accurate and true

Signature of Driver

Date

III. PROOF OF INSURANCE

Insurance Company	Policy No.	Expiration Date
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Attached is a copy of my current insurance policy declaration page (or a Certificate of Insurance) stating my coverage limits, policy effective dates, and covered vehicle information.

IV. RELEASE

I, the undersigned adult driver, hereby acknowledge, agree and understand that the District does not insure, endorse, approve or sponsor any form of non-District transportation, whether by parents, students or otherwise, to and/or from District off campus activities or events. I hereby waive, release, discharge and agree to hold harmless and indemnify the District, its agents, employees, insurers, and Board of Education, from any claim, cause of action, damage, injury, or demand of any nature, including bodily injury, property damage or death, arising from or sustained during or as a result of my utilization of any non-District transportation. I understand that if I do not sign this release, then I will not be permitted to transport students in my private vehicle to the event described above.

Signature of Driver

Date