





Student ID #: \_\_\_\_\_

ACTIVITY / ATHLETIC PROGRAM: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DATE (S): \_\_\_\_\_

I am aware that the School District vehicle liability insurance will not be in effect. I certify that: I have a valid driver's license: a minimum of \$100,000 / \$300,000 liability coverage: the vehicle I will be driving is in good operating condition and has seat belts for each passenger in the car: all seat belts will support the transporting students: I will not exceed the vehicle rated maximum Passenger capacity of the car. I am fully aware of the special dangers and risks inherent in participating in the activity, which may include physical injury or other consequences arising or resulting from the activity.

Being fully informed as to these risks, I hereby consent to participating in the activity trip(s) mentioned above and understand that my vehicle insurance policy will be responsible for any accident that may occur.

**NAME OF DRIVER:** \_\_\_\_\_ **DRIVER'S LICENSE #** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_

(SIGNATURE OF DRIVER)

**NAME OF DRIVER:** \_\_\_\_\_ **DRIVER'S LICENSE #** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_

(SIGNATURE OF DRIVER)

**NAME OF DRIVER:** \_\_\_\_\_ **DRIVER'S LICENSE #** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_

(SIGNATURE OF DRIVER)

**NAME OF DRIVER:** \_\_\_\_\_ **DRIVER'S LICENSE #** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_

(SIGNATURE OF DRIVER)

\_\_\_\_\_  
DATE: \_\_\_\_\_

(SIGNATURE OF PARENT / GUARDIAN)

Recommended Approval: \_\_\_\_\_ DATE: \_\_\_\_\_

(Signature of Teacher / Advisor / Coach)

Recommended Approval: \_\_\_\_\_ DATE: \_\_\_\_\_

(Signature of Principal)