



Tigard-Tualatin School District
Student Activity Transporting Students via Private or Rented Vehicle
DRIVER LIABILITY ACCEPTANCE

Driver Name: _____	DOB: _____
Driver's License Information: State _____ # _____ Exp. Date _____	
Insurance Carrier: _____ Policy #: _____	
Vehicle Info: Make _____ Model _____ Year _____	
Home Phone: _____	
Address: _____	
Emergency Contact: _____ Phone: _____	

ACTIVITY: _____

Activity Date(s): _____ **Activity Location(s):** _____

Notes: _____

- Yes No **I confirm that I have completed and passed the District Volunteer Criminal Background Check.**
- Yes No **I confirm that my above referenced vehicle is in safe and proper state of repair.**
- Yes No **I confirm that my above referenced vehicle has adequate number of working seatbelts and I will require students use them at all times.**
- Yes No **I have attached a copy of my valid driver's license.**
- Yes No **I have attached a copy of my valid auto insurance.**
- Yes No **I have attached a copy of my vehicle registration.**
- Yes No **I have attached a copy of my DMV Non-Employment Driving Record.**

I, named driver above, accept all liability of transporting students in my private vehicle. I understand that my insurance is primary in the event of an accident and that I am responsible for injury to any passengers because of accident.

In consideration of my participation in the aforementioned activity, I waive and release any and all rights and claims for losses and damage that I may have against Tigard-Tualatin School District. This release shall be binding upon our representative, successors and assignees.

Furthermore, I recognize that providing insurance and payment of damages or medical expenses I may sustain due to participation in activities is my responsibility.

In the event that I may require emergency medical treatment while participating in the previously mentioned activities, I hereby authorize myself to receive emergency medical treatment as may be necessary, including transport by ambulance.

Dated this _____ day of _____, _____

Signature of Driver: _____

FOR OFFICE USE ONLY:

Required documents attached? Yes No Initial/Date _____

Acceptable DMV Record? Yes No Initial/Date _____

BUILDING PRINCIPAL: Approved Denied _____
Principal Signature Date

In case of questionable DMV record:

CFO or SUPERINTENDENT: Approved Denied _____
District Signature Date