

ADULT DRIVER FORM

AUTHORIZATION TO USE PRIVATELY OWNED VEHICLE

*****ATTACH A COPY OF YOUR DRIVER'S LICENSE AND CURRENT INSURANCE POLICY DECLARATION PAGE OR CERTIFICATE OF INSURANCE. PLEASE PRINT AND FILL OUT ALL BOXES*****

I. DRIVER INFORMATION

Driver's Name	Activity	Name of Sponsor: Arapahoe High School Band
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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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).

III. PROOF OF INSURANCE

Insurance Company	Policy No.	Expiration Date
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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



STUDENT DRIVER FORM

AUTHORIZATION TO USE PRIVATELY OWNED VEHICLE

*****ATTACH A COPY OF YOUR DRIVER'S LICENSE AND CURRENT INSURANCE POLICY DECLARATION PAGE OR CERTIFICATE OF INSURANCE. PLEASE PRINT AND FILL OUT 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 possess a valid driver's license as follows:

License Number	Date of Birth	Expiration Year
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- 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).

V. 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.

III. AUTHORIZATION

I certify that the above information is accurate and true. Furthermore, I permit my student to drive the vehicle described in the attached copy of the insurance declaration page.

I do ___ do not ___ approve that other students ride in the vehicle described in the attached copy of the insurance declaration page.

Signature of Parent or Guardian

Date

(STUDENT DRIVER FORM cont)

IV. RELEASE

We, the undersigned parent/guardian and student, 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. We further acknowledge it is our responsibility to provide or arrange for transportation to District events when District transportation is not available. As such we consent to our student's use of an alternative means of transportation. We 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 student's utilization of any non-District transportation. We understand that if we do not sign this release, the student will not be permitted to utilize a private vehicle to attend the event described above.

Signature of Student Driver

Date

Signature of Parent or Guardian

Date