

Castro Valley Unified School District
DECLARATION OF DRIVER OF CVUSD STUDENTS

The undersigned acknowledges that the purpose of this Declaration is to establish the primary liability and responsibility of the undersigned driver for any and all claims arising out of undersigned driver's transportation of Castro Valley Unified School District students to and from field trips and excursions and supervised activities. ***In no event may a currently enrolled student drive other students on field trips.***

NAME _____ BIRTHDATE (Mo. & Yr.) _____

CA DRIVERS LICENSE # _____ EXPIRATION DATE _____

AUTO YR, MAKE & MODEL _____

VEHICLE LICENSE # _____ INSURANCE CARRIER _____

INSURANCE AGENT _____ PHONE # _____

LIABILITY LIMITS _____

(The School District requires that volunteer drivers carry liability insurance of not less than \$100,000 each person and \$300,000 each accident for Bodily Injury.)

POLICY # _____ EXPIRATION DATE _____

DRIVING RESTRICTIONS _____

NOTE: If you drive your personal automobile while on District business and you are involved in an accident, by law your liability insurance policy is used first. The District liability policy would be used only after your policy limits have been exceeded. The District does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

I certify that all information given is true and correct. I further certify that: (1) I hold a current valid drivers license and the insurance coverage is in force, (2) the above vehicle is mechanically safe, (3) I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years, (4) each passenger will be provided with a seat belt and that seat belts will be worn at all times, cars with air bags on the passenger side shall not have a child under the age of 12 riding in the front seat, the passenger capacity of the vehicle as determined by the number of seat belts will not be exceeded, and in no event shall more than 9 passengers plus the driver ride in the vehicle at any time, (5) I have received and will abide by the driver instructions provided by the District.

I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages. I understand I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further understand that by serving as a driver I may be required to directly supervise students.

Vehicle Owner Signature Date

Driver Signature Date

Please attach a photocopy of the following: (1) Driver's License and (2) copy of insurance policy indicating coverage limits and expiration date of insurance.

I HAVE READ THE ABOVE AND APPROVE THE USE OF THIS VEHICLE FOR THE FOLLOWING ACTIVITY:

Administrator's Signature Date