



Please thoroughly read the attached form.

If you plan to drive for field trips any time this year you must fill out and sign this form and return it to the front office with:

1. Copy of Drivers License
2. Copy of Insurance
3. Driving record documentation: either an insurance renewal which validates a driving record of one point or less or a DMV printout that reflects a driving record of one point or less.



## **VOLUNTEER DRIVER TRANSPORTING STUDENTS IN PRIVATELY OWNED CARS ON SCHOOL SPONSORED TRIPS**

---

NAME OF DRIVER

---

NAME OF DRIVER'S CHILD(REN)

I hereby offer to provide transportation for students of the Waldorf School of Orange County (WSOC) for one or more school sponsored trips during the school year. In making this offer, I understand the following:

1. WSOC carries liability insurance covering all school sponsored activities. In the event of a vehicular accident, however, coverage is provided by the volunteer driver's own car insurance.
2. WSOC does not provide insurance coverage should a vehicular accident occur while a volunteer driver is transporting students.
3. Volunteer drivers must be at least 21 years of age and must possess a current, valid California driver's license to operate the vehicle.
4. Volunteer drivers certify that their vehicle is in safe operating condition.
5. Volunteer drivers must carry minimum liability insurance coverage on their automobile of not less than the following amounts:
  - \$15,000 for injury/death to one person.
  - \$30,000 for injury/death to more than one person.
  - \$5,000 for damage to property.
6. Volunteer drivers must provide WSOC with proof of this automobile liability insurance.
7. Volunteer drivers must provide documentation of a current driving record that verifies, if applicable, points or accidents. Acceptable documentation consists of either an insurance renewal which validates a driving record of one point or less or a DMV printout that reflects a driving record of one point or less.
8. Volunteer drivers and/or the owner of the vehicle have primary responsibility for liability. The liability insurance of the volunteer drivers will be deemed the primary liability insurance for claims purposes.
9. Volunteer drivers agree to drive in a safe and cautious manner: driver may NOT text or use their cell phone while driving.
10. Drivers must notify the school immediately in the event of accident or injury of any type.

- 11.** Volunteer drivers will carry no more passengers than their vehicle is designed to carry. In no case may a volunteer carry more than 8 passengers plus the driver.
- 12.** All passengers and the driver will wear shoulder restraint seat belts – no double belting.
- 13.** Volunteer drivers should not have a child under the age of 12 years or under 40 pounds riding in the front seat.
- 14.** Volunteer drivers offering to provide transportation for students for one or more school sponsored field trips during the school year acknowledge their responsibilities as indicated in this notice and will acknowledge receipt by signing and returning a copy of the notice.
- 15.** Volunteer drivers by their signature below, waive all claims against The Waldorf School of Orange County for injury, accident, illness, or death occurring during or by reason of the field trip.
- 16.** Volunteer drivers shall defend and indemnify the Waldorf School of Orange County against all claims, actions, or lawsuits arising out of the negligence of the volunteer driver.

I understand that I am not covered by the Waldorf School of Orange County's liability insurance policy. I hereby acknowledge I have insurance coverage that meets or exceeds the minimum coverage stated above. I have read, understand, and agree to the Waldorf School of Orange County's regulations on both the front and back of this form and have attached to this form the declaration page of my insurance policy showing the above minimum amounts of insurance coverage and the expiration date of my insurance. In addition I have attached documentation verifying a driving record of one point or less.

---

SIGNATURE OF VEHICLE OWNER/DRIVER	DATE
-----------------------------------	------

---

PRINT NAME OF VEHICLE OWNER/DRIVER	ADDRESS
------------------------------------	---------

---

DRIVER'S LICENSE NUMBER	EXP DATE
-------------------------	----------

---

INSURANCE CARRIER	POLICY NUMBER
-------------------	---------------