

# Private Driver Liability/Responsibility Agreement

___	FP
___	TB
___	DL
___	INS
Exp's:	_____
Exp's:	_____
Exp's:	_____

**PLEASE PRINT:**

School Year: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\* Must be over 21

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Cell Ph.: (        ) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

\* Please submit a copy with this paperwork.

Year & Make of Auto: \_\_\_\_\_ License Plate: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ \*Policy #: \_\_\_\_\_

Policy Expiration: \_\_\_\_\_ Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Attach verification of your insurance coverage with minimums of: **\$100,000 per person, \$300,000 per accident & \$50,000 Property.**

**Note: New insurance verification is required every 3 months.**

Volunteer drivers may transport students under certain circumstances. Each private vehicle is authorized to transport as many students as there are seatbelts to safely accommodate them (one per student, with a maximum of 9 students). Each volunteer driver is required to be at least 21 years of age, possess a valid California driver's license and carry the above stated minimum liability insurance. Each vehicle used shall be in safe operating condition and shall be operated in a safe and legal manner following the most direct route and avoiding unnecessary stops. Volunteer drivers are not to carry non-approved persons or non-students as passengers while transporting Dixon Montessori students. The volunteer driver is responsible for the students while in route. Drivers must also have fingerprint clearance through the California Department of Justice with reporting clearance sent to Dixon Montessori Charter School.

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

Your signature below indicates that you understand and accept the conditions under which you are offering your services to personally drive your vehicle for this school sponsored activity and that you accept responsibility for the students you are transporting.

*I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise Dixon Montessori Charter School, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Dixon Montessori Charter School  
**Medical Authorization**  
**VOLUNTEER / ADULT**

As stated in California Education Code **35330**, I understand that I hold Dixon Montessori Charter School, its officers, employees and agents harmless from any and all liability and claims arising out of or in connection with my participation in the following voluntary excursion/field trip.

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. I understand that all resulting expenses will be my responsibility.

**PLEASE PRINT:**

\_\_\_\_\_  
Family Medical Insurance Carrier

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Family Physician

\_\_\_\_\_  
Phone #

In the event of my personal illness or injury, please contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #

Important Health Information (My Allergic Reactions, Medications, etc):

\_\_\_\_\_  
\_\_\_\_\_

I have the following special medical conditions which may affect my volunteer service:

\_\_\_\_\_  
\_\_\_\_\_