

**SANTA CRUZ CITY SCHOOLS
FIELD TRIP BY PRIVATE VEIDCLE
DECLARATION OF EMPLOYEE/PARENT/VOLUNTEER DRIVER OF
SANTA CRUZ HIGH SCHOOL 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 Santa Cruz City Schools students to and from school-sponsored and supervised activities.

NAME _____ BIRTHDATE _____

DRIVERS LICENSE _____ EXPIRATION DATE _____

DRIVING RESTRICTIONS _____

YEAR & MAKE OF AUTO _____ VEHICLE LICENSE # _____

INSURANCE CARRIER _____ LIABILITY LIMITS _____

AGENT'S NAME & PHONE # _____

POLICY# _____ EXPIRATION DATE OF POLICY _____

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

The undersigned certifies that the above information is correct and that the insurance coverage is in force, The undersigned understands that he/she must have liability insurance coverage in force and agrees to advise the District, in writing, of any changes in the above information. Minimum coverage requirements as set by the State of California: Public Liability - Bodily Injury- \$15,000/\$30,000; Property Damage - \$10,000.

The undersigned understands that California law requires that each passenger be provided with a seat belt and that seat belts are worn by all passengers at all times. The undersigned further agrees that the passenger capacity of his/her vehicle, determined by the number of seat belts, will not be exceeded. In no event shall more than 9 passengers plus the driver ride in the vehicle at any time. If your vehicle is equipped with air bags, it is suggested that, whenever possible, children in grades K-6 be seated in the back seat(s) only.

SIGNED _____ DATE: _____
(Owner of Vehicle Signature)

SIGNED _____ DATE: _____
(Driver Signature)

APPROVED _____ DATE: _____
(School Administrator)