



10611 W. Clearwater Ave.
Kennewick, WA 99336
(509) 735-1002

FIELD TRIP DRIVER FORM

Student(s) Name: _____

Teacher: _____ Room: _____

**PLEASE FILL OUT THIS FORM IN ITS ENTIRETY AND DON'T FORGET TO SIGN THE BACK.
MUST BE TURNED IN ONE WEEK PRIOR TO FIELD TRIP. THANK YOU!**

Thank you for volunteering your services to assist in transporting children, *including if you are only driving your own child*, on a school-sponsored activity or activities. Prior to using a private automobile for an educational field trip, the driver must complete, sign, and have this form on file in the school office. This form must be completed at least once each school year and each time the information on the form changes.

DRIVER INFORMATION

Driver (circle one): Parent/Guardian Teacher/TA Student

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Driver's License No.: _____ State: _____ Expiration Date: _____

Have you had a traffic ticket in the last two years? _____ How many? _____

Have you ever been pulled over on suspicion of drunk driving or charged with DUI in last 7 years?
Circle YES or NO.

Have you ever had a ticket for reckless driving in the last 7 years? Circle YES or NO.

VEHICLE INFORMATION

Registered Owner: _____ Year: _____ Color: _____

Address: _____ Make: _____ Model: _____

License Plate No.: _____ Registration Expiration: _____ Seating Capacity: _____
(Excluding front passenger seat if there is a front passenger air bag)

INSURANCE INFORMATION

Please provide the following details about your vehicle insurance. Washington State requires certain minimum insurance coverage for vehicles.

Insurance Company: _____ Expiration Date: _____ Policy Number: _____

Insurance Coverage Limits (minimum required in Washington):**

Bodily Injury Liability (per person): ** \$25,000

Bodily Injury Liability (per accident): ** \$50,000

Property Damage Liability (per accident): ** \$10,000

Personal Injury Protection (PIP) (per person): \$10,000 (optional but recommended)

** Is your insurance coverage in compliance with these limits? ** () Yes () No

****Certification****

By signing below, I certify that the information provided above is accurate and complete. I also agree to adhere to all traffic laws and regulations and ensure the safety of all passengers during the field trip.

Driver's Signature: _____ Date: _____

CONDITIONS/RESTRICTIONS

- The vehicle capacity is one passenger per seat belt. All passengers should wear their seat belts.
- NO child may sit in the front seat with an airbag. Use of child car seats shall be in accordance with law.
- The vehicle is in a safe operating condition based on inspection by me.
- I have no physical limitations that would adversely affect my ability to drive safely.
- My cell phone will be used only in case of an emergency while on school business and will only be used in accordance to the mandated law.
- I am not taking any medication that would adversely affect my ability to drive safely.
- I have no prior convictions within the last 5 years for driving under the influence, nor will consume any alcoholic beverages or other drugs while on a school-sponsored trip or excursion.

CERTIFICATION AND AGREEMENT

I CERTIFY THE ABOVE INFORMATION IS CORRECT AND THE INSURANCE COVERAGE IS IN FORCE AND AGREE TO ADVISE THE SCHOOL IN WRITING OF ANY CHANGES IN THE ABOVE INFORMATION. I ATTEST THAT I HAVE AND MAINTAIN A LEGALLY VALID DRIVERS LICENSE. I WILL ABIDE BY ALL LAWS, COVENANTS, AND REQUIREMENTS WHILE DRIVING MY CAR. I AGREE TO USE CARE IN THE OPERATION OF MY VEHICLE. I UNDERSTAND THAT CALVARY CHRISTIAN SCHOOL ACCEPTS NO RESPONSIBILITY FOR INJURIES TO DRIVER OR PASSENGERS, DAMAGE TO MY VEHICLE OR LOSS TO MY VEHICLE. I UNDERSTAND THAT MY INSURANCE WILL COVER ALL LOSSES, DAMAGES, AND/OR INJURIES. DRIVER AND ALL PASSENGERS WILL WEAR SEAT BELTS AND I WILL FOLLOW ALL LAWS PERTAINING TO FRONT SEAT PASSENGERS AND BOOSTER SEATS.

I hereby voluntarily release, discharge, waive, and relinquish any and all actions or causes of action for personal injury, property damage, or wrongful death occurring to myself arising as a result of engaging in said activity or any activities incidental thereto when and where the same may occur and/or continue to occur. I release for myself, my heirs, my assigns, executor, administration, or other representative all actions or causes of action which may arise out of any activities associated with my voluntary service of transporting myself and my passengers for school related trips, events, or other activities. Under no circumstances shall I, my heirs, my executors, administrators, assigns now existing or hereinafter who may arise sue, prosecute, or otherwise engage in any legal , administrative or other action against Calvary Chapel Tri-Cities, any of its DBAs, its agents, employees, board members, volunteers, or other individuals associated, professionally or personally, with Calvary Christian School. My release is irrespective of any negligence, any act or omission to act, or other occurrence, and is complete in entirety now and forthwith.

IT IS THE DRIVER/VOLUNTEER/MY INTENTION TO RELEASE, BY THIS SIGNED DOCUMENT, THE SCHOOL, CHURCH, ANY OTHER ASSOCIATED BUSINESSES, AGENTS, EMPLOYEES, BOARD MEMBERS, VOLUNTEERS, AND THOSE ENGAGED IN THE ACTIVITIES FOR WHICH I AM VOLUNTEERING FROM ANY LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, WRONGFUL DEATH, TORT, OR OTHER CAUSE OF ACTION.

Signature agrees to indemnify Calvary Chapel and its assigns if any action is brought by a third party for personal injury, wrongful death, or property damage.

Signature of Driver: _____ Date: _____

Principal's Approval: _____ Date: _____

Note: This form expires **June 30th** and must be **renewed each year** as well as **during the school year each time the information on the form changes.**