

DECLARATION OF PARENT/VOLUNTEER DRIVER OF MLCS 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 MLCS students to and from school sponsored and supervised activities.

NAME	BIRTH DATE	
DRIVERS LICENSE #	EXPIRATION D.	ATE
AUTO YEAR, MAKE & MODEL		
INSURANCE CARRIER		
INSURANCE AGENT	PHONE #	
POLICY #	EXPIRATION D.	ATE
*Please attach copy DRIVING RESTRICTIONS If you drive your personal automobile while on scho your liability Insurance policy is used first. The scholimits have been exceeded. The school does not cove coverage to your vehicle.	ool business and you are involved it bool liability policy would be used or, nor is it responsible for, compre	only after your policy chensive and collision
The undersigned agrees that each passenger will be at all times. Further, that the passenger capacity of will not be exceeded. In no event shall more that 9 p	your vehicle, determined by the	number of seat belts,
I certify that the above information is correct, I he coverage is in force. I understand I must have liabil school, in writing, of any changes in the above in mechanically safe.	ity insurance coverage in force an	nd agree to advise the
Owner of vehicle signature	Driver signature	Date
I have read the above and approve the use of this vel	nicle for the	field trip.
School Administrator of Designee		Date