DECLARATION OF PARENT/VOLUNTEER DRIVER OF FUSD STUDENTS

The undersigned acknowledges that the purpose of the Declaration is to establish the primary liability and responsibility of the undersigned driver for any and all claims arising out of undersigned driver's transport of FUSD students to and from school-sponsored and supervised activities.

| | | | Date: | | | |
|--------|---|------------|----------------------|-----------------------|----------|-------------|
| In pur | suance of the purpose | of this De | eclaration, the unde | rsigned driver assure | s FUSD a | as follows: |
| 1. | That the undersigned driver holds a current valid driver's license, the number of which is | | | | | |
| 2. | That the volunteer driver is at least 21 years of age. | | | | | |
| 3. | That the undersigned's vehicle is insured by Insurance Company for a least split limit coverage of \$100,000 bodily injury and liability per person, \$300,000 per occurrence and \$5,000 medical insurance per occupant <u>OR</u> \$300,000 combined single limit liability coverage and \$5,000 medical insurance per occupant. | | | | | |
| 4. | That FUSD may confirm by telephone or other means the above coverage with the undersigned's insurance agent whose name, address and phone number is as follows: | | | | | |
| | Name (print) | | Street | | City | Zip |
| | Phone | Polic | y Expiration Date | | | |
| 5. | That the undersigned recognizes and agrees that the driver's insurance coverage is primary and that the school district's insurance, if applicable, is liability ONLY and is excessionly to that of the owner of the automobile. The District does not provide collision and/or comprehensive coverage for the driver's vehicle. | | | | | |
| 6. | Permission to transport FUSD students must be granted by the school administrator or his/her designee. | | | | | |
| 7. | The undersigned agrees that each passenger will be provided with a seatbelt and that seatbelts will be worn at all times. Further, that the passenger capacity of your vehicle, determined by the number of seatbelts, will not be exceeded. | | | | | |
| | Driver's Name (print) |) | Stree | ŧ | City | Zip |
| | Driver's Signature | | | | | |
| Vehicl | e 1 | | | | | |
| Make | | Year | Type of Vehicle | Passenger Capacity | y Licer | nse # |
| Vehicl | e 2 | | | | | |
| Make | | Year | Type of Vehicle | Passenger Capacity | Licer | nse # |