ACKNOWLEDGEMENT FORM FOR DRIVERS OF PRIVATE VEHICLES

I hereby acknowledge the following as the driver of a privately owned automobile transporting students attending activity: _____ on _____

Under the current interpretation of Michigan No Fault Insurance, the student's parent's auto insurance will cover their child in case of injury while in my auto; secondarily my insurance will cover liability in case of student injury while in my auto. Third, liability insurance carried by the Board of Education provides coverage beyond the above limits carried.

1. I am responsible for assuring that the number of passengers does not exceed the number of seat belts in the vehicle and that passengers use seat belts.
2. I will not use alcohol, liquor, controlled substances or prescriptions or over-the-counter drugs which may impair my driving ability immediately prior to or during the time between the departure for the field trip/activity and the time students are returned to the point of departure.
3. If I do not own the vehicle to be driven to this field trip, I certify that I have the owner's permission to use the vehicle for this activity.
4. I will follow all applicable speed limits, and all other laws, rules, signals and signs governing the operation of a vehicle in Michigan.
5. I have a current, valid non-restricted Michigan drivers license (no less than a Level 3 License).
6. I have less than three (3) penalty points for moving violations.
7. I do not have any known medical or mental condition, which does or may impair my driving ability.
8. The vehicle I will be driving is safe to drive to the best of my knowledge and is in good working order.
9. The vehicle I will be driving is properly insured (at least $100,000/$100,000) and I am not an excluded driver under the insurance policy.
10. I understand that Chippewa Valley Schools will not indemnify nor hold me harmless for injuries to students resulting from an accident.

Vehicle Description: _____ License Plate #: _____
Year/Model/Make/Mileage

Vehicle Owner: _____ Driver's License #: _____ Exp. Date: _____

(Must be the driver or spouse of driver or, in case of a student driver, a parent or guardian may own the vehicle)

Insurer of Vehicle: _____ Insurance Policy #: _____

Insurance Coverage from: _____ to _____

The following signature(s) indicates that I understand and agree to all of the above.

_____ _____
Signature of Driver   Signature of Parent/Guardian if Student Driver

Print Name: _____   Print Name: _____

_____ _____
Date   Date