WALNUT CREEK SCHOOL DISTRICT

Employee/Volunteer Personal Automobile Use Form Declaration of Parent/Volunteer Driver of WCSD Students

(Drivers must be adults -21 years or older)

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 Walnut Creek School District students to and from school-sponsored and supervised activities.

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

Child(ren)'s Name(s)	
Teacher's Name(s)	
Your Name:	Birthdate: (month & year)
(A copy of your driver's license and insurance deci	laration page MUST be attached.)
Driver's License #	Expiration Date:
Driving Restrictions:	
Year & Make of Vehicle:	Vehicle License #
Insurance Carrier/Agent:	Phone:
Liability Limits:	Policy # nd \$100,000 per property damage
Policy Expiration Date:	
The undersigned agrees that each passenger will be provided with times. Further, that the passenger capacity of the vehicle, determine exceeded and in no instance will the total number of student passenger.	ned by the number of seat belts, will not be
I certify the above information is correct and that I hold a current, required by the State of California is in force. I understand that I n in the above information. I further certify that the above vehicle is adhere to the <u>Personal Automobile User Guidelines</u> that accompan	nust advise the district, in writing, of any changes mechanically safe and that I have read and will
Owner of Vehicle Signature	Date
Driver's Signature	Date
Administrator Approval	Date