

AGREEMENT TO SERVE AS A DRIVER ON A TRIP

Thank you for volunteering to serve as a driver on this trip. We appreciate your help in making this experience possible. Your signature indicates you understand both your responsibility and that of the School System related to this trip.

I, (driver's name) _____, understand that volunteers who have been designated to transport students are covered beyond the primary coverage of their personal liability insurance by the liability section of the School System insurance program. Drivers must rely on their own personal liability insurance for protection against negligence suits. Under the current interpretation of Michigan No-Fault Insurance, a child's parents' insurance covers him/her in case of injury while riding in my automobile. Any driver and/or owner of a private automobile is responsible for liability incurred on an educational trip to the extent that s/he would be in the normal operation of the vehicle. Liability insurance carried by the Board of Education provides secondary coverage beyond the limits carried on the private automobile.

I further understand and agree that drivers are responsible for seeing that all student passengers are appropriately seated and wearing seat belts. Children who are less than eight (8) years old and less than 4' 9" (57") tall must be restrained in a child restraint system (booster seat). Drivers must wear seat belts, may not smoke at all during the trip, and may not use cell phones or other electronic equipment while driving.

I have a current valid Michigan driver's license # _____ and a good driving record.** Further, I carry liability insurance that is current in keeping with Michigan No Fault Insurance law.

X _____
Signature of DRIVER Date

**In determining a good driving record, the District will conduct ICHAT inquiries with the Michigan State Police to review any traffic violations.

AGREEMENT TO HAVE A SON/DAUGHTER DRIVE ON A TRIP

Thank you for volunteering to serve as a driver on this trip. We appreciate your help in making this experience possible. Your signature indicates you understand both your responsibility and that of the School System related to this trip.

I certify that (student driver's name) _____ has my permission to serve as a driver on an educational trip to (destination) _____ on (date) _____.

I understand that, under the current interpretation of Michigan No-Fault Insurance laws, a parent's automobile insurance covers a son/daughter driver in case of injury while driving an automobile. Any driver and/or owner of a private automobile is responsible for liability incurred on an educational trip to the extent that s/he would be in the normal operation of the vehicle. Liability insurance carried by the Board of Education provides secondary coverage beyond the limits carried on the private automobile.

I further understand and agree that drivers are responsible for seeing that all student passengers are appropriately seated and wearing seat belts. Children who are less than eight (8) years and less than 4' 9" (57") tall must be restrained in a child restraint system (booster seat). Drivers must wear seat belts, may not smoke at all during the trip, and may not use cell phones or other electronic equipment while driving.

I further certify that this automobile and driver carry liability insurance in keeping with Michigan No-Fault Insurance law. I certify that my son/daughter student driver has a current valid Michigan driver's license # _____ and that s/he has a good driving record.**

X _____
Signature of Student Date

X _____
Signature of Parent/Guardian Date

**In determining a good driving record, the District will conduct ICHAT inquiries with the Michigan State Police to review any traffic violations.