

Scappoose School District
VOLUNTEER AUTO USE PERMIT

Name: _____

Date of Activity: _____

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:

A. INSURANCE:

The Scappoose School District 1J does not provide automobile liability or physical damage insurance coverage to volunteers who provide their own vehicles for School District activities.

The District does not accept any liability for bodily injury or property damage arising from your negligence in driving your own vehicle for a District sponsored activity.

As a driver providing your own vehicle for this activity, you are required to carry valid automobile liability insurance covering bodily injury and property damage. The minimum required limit of liability you must provide is \$300,000. **Proof of insurance must be presented to Scappoose School District prior to final approval.**

Insurance Co. _____ Policy No. _____

B. DRIVER RESPONSIBILITIES:

You are responsible for maintaining your vehicle in a safe condition during the term of this activity.

You are responsible for providing the equipment necessary to ensure safe transportation of students or public during this activity. (i.e. tire chains, seat belts, etc.)

You hereby certify that you have a current and valid Oregon drivers license.

Drivers license number: _____

AS A VOLUNTEER DRIVER, PROVIDING MY OWN VEHICLE, I HEREBY ACKNOWLEDGE ON THIS FORM. I ACCEPT AND AGREE TO THE TERMS AND OBLIGATIONS AS STATED ABOVE.

SIGNED _____ **DATE** _____