

Kennewick School District No. 17

EMPLOYEE AND NON-EMPLOYEE AUTHORIZATION TO DRIVE VEHICLES & TRANSPORT STUDENTS

School _____ Activity Year _____ Date _____

Destination: From _____ To _____ Time Involved _____

I understand that there is to be only one (1) person per seat belt authorized to ride in the vehicle. I also understand that I can not transport more than eight (8), including the driver.

Student Name(s) Attending Activity:

Driver's Name (please print) _____

Kennewick School District Employee No Yes

Mark One:

Are you using your Personal Vehicle? Yes Make _____

Driver's Vehicle License Number _____

Are you using a Rental Vehicle? Yes Make _____

Attach the following:

- Current Insurance Card
- Current Complete Abstract

I certify that I currently hold a valid **Washington State Driver's License** and have minimum limits of liability at 100/300/100 (\$100,000 per person for bodily injury/\$300,000 per accident for bodily injury /\$100,000 per accident for property damage) and underinsured motorist minimum limits of liability at 100/300/100 or \$300,000 combined single limits of liability for both bodily injury and/or property damage per accident and underinsured motorist \$300,000 combined single limits of for both bodily injury and/or property damage per accident for my personal vehicle which will be used on the above described trip. I understand that **my insurance coverage is primary** and that the Kennewick School district carried no comprehensive or collision coverage on my vehicle and *is not responsible for repair of any damages done to my vehicle.*

I further agree to release the Kennewick school District, its board members, employees, agents, representatives and coaches from all liability resulting from any injury occurring during driving to and from the activity named above. The information written above and completed by me is true and I attest that my vehicle will provide a safe transport for myself and other students to and from the above event.

Driver's Signature _____ Date _____

Principal's Signature _____ Date _____

Advisor/Teacher/Coach Signature _____ Date _____

DATE _____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED FOR _____
Cabinet Administrator's Signature _____		