



**Tigard-Tualatin School District**  
**Student Activity Transporting Students via Private or Rented Vehicle**  
**DRIVER LIABILITY ACCEPTANCE**

*\*Reference Board Policy & Administrative Rule EEAE – Student Transportation in Private Vehicles*

Driver Name: _____	DOB: _____
Driver's License Information: State _____ # _____ Exp. Date _____	
Insurance Carrier: _____ Policy #: _____	
Vehicle Info: Make _____ Model _____ Year _____	
Home Phone: _____	
Address: _____	
Emergency Contact: _____ Phone: _____	

**ACTIVITY:** \_\_\_\_\_

**Activity Date(s):** \_\_\_\_\_ **Activity Location(s):** \_\_\_\_\_

**Notes:** \_\_\_\_\_

- Yes    No   **I confirm that I have completed and passed the District Volunteer Criminal Background Check.**
  
- Yes    No   **I confirm that my above referenced vehicle is in safe and proper state of repair.**
  
- Yes    No   **I confirm that my above referenced vehicle has adequate number of working seatbelts and I will require students use them at all times.**
  
- Yes    No   **I have attached a copy of my valid driver's license.**
  
- Yes    No   **I have attached a copy of my valid auto insurance.**
  
- Yes    No   **I have attached a copy of my vehicle registration.**
  
- Yes    No   **I have attached a copy of my DMV Non-Employment Driving Record.**

I, named driver above, accept all liability of transporting students in my private vehicle. I understand that my insurance is primary in the event of an accident and that I am responsible for injury to any passengers because of accident.

In consideration of my participation in the aforementioned activity, I waive and release any and all rights and claims for losses and damage that I may have against Tigard-Tualatin School District. This release shall be binding upon our representative, successors and assignees.

Furthermore, I recognize that providing insurance and payment of damages or medical expenses I may sustain due to participation in activities is my responsibility.

In the event that I may require emergency medical treatment while participating in the previously mentioned activities, I hereby authorize myself to receive emergency medical treatment as may be necessary, including transport by ambulance.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature of Driver: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>			
Required documents attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initial/Date _____
Acceptable DMV Record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initial/Date _____
<b>BUILDING PRINCIPAL:</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
		Principal Signature	Date
<b><i>In case of questionable DMV record:</i></b>			
CFO or SUPERINTENDENT:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
		District Signature	Date