Auburn City Schools
Volunteer Driver - Transporting Students in Privately Owned Cars on School Sponsored Trips

Name of Driver

Teacher’s Name / Coach’s Name

I hereby offer to provide for the transportation of students of the Auburn City School System for one or more school sponsored trips during the school year. In making this offer, I understand the following:

- All drivers will observe all laws and safety rules and will complete and sign a volunteer driver form, certifying they have auto insurance and that their vehicle is in safe operating condition.

- In the event of a vehicular accident, coverage is provided by the volunteer driver’s own automobile insurance. The school system does not provide insurance coverage should a vehicular accident occur while a volunteer driver is transporting students.

- I certify that I have automobile insurance coverage with the carrier named below in the following minimum amounts:

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Minimum Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bodily Injury</td>
<td>$25,000 per person/$50,000 per accident</td>
</tr>
<tr>
<td>Property Damage</td>
<td>$25,000 per accident</td>
</tr>
<tr>
<td>Medical Payments</td>
<td>$5,000 per person</td>
</tr>
<tr>
<td>Uninsured Motorist</td>
<td>$25,000 per person</td>
</tr>
</tbody>
</table>

- I further certify that my vehicle is in safe operating condition. I hold a valid Alabama driver’s license to operate this vehicle, and I am 21 years of age or older.

I have read and understand the system’s regulations and have attached to this form the declaration page of my insurance showing the above minimum amounts of insurance coverage and the expiration date of my insurance.

Signature of Driver ___________________________ Date ____________

Please fill out the following information:

Name of Vehicle Owner: ___________________________ Home Phone: ___________________________

Name of Insurance Carrier: ___________________________ Phone: ___________________________

Driver’s License Number: ___________________________ Expiration Date: ___________________________
Suggested Safety Rules to be Used

- All private vehicles used for field trips shall have seat belts for each passenger.
- All children are required to have seat belts firmly fastened.
- No vehicle shall have more than the manufacturer’s suggested number of occupants. Station wagons may take no more than seven even if they are three-seat models.
- All drivers shall be properly licensed and insured.
- When arriving at a destination, all students will remain safely in the car until a signal from the teacher in charge indicates children may leave the vehicle, if applicable.
Auburn City Schools
Athletics – Transportation
Parent, Legal guardian or Coach Consent Form

1. I hereby give my permission for my child/ward,
   ____________________________________________, to travel
   Student’s Full Name

   by private vehicle to and from Alabama High School Athletic Association
   scheduled athletic events with drivers from the Auburn City Schools’ team staff or
   parents/legal guardian of the players.

2. Destination:

3. Permission to travel is given from __________through____________.

In Granting Permission:

   a. I hereby expressly waive any claim for liability against the Board of Education,
      including its employees and representatives, as well as any parent/legal guardian
      drivers, and release them from all liability in connection with these trips.

   b. Further, I assume full responsibility for any damage to persons or property caused by
      my child or ward. I further expressly agree that in the event of health problems of
      my child or ward or necessary disciplinary action, my child or ward will be forthwith
      returned home at my expense at the discretion of the Auburn City Schools Athletic
      team staff. I understand that I will be personally notified if such action becomes
      necessary.

   c. Further, in case of injury or emergency to my child or ward, I hereby authorize the
      school to act in the best interest of my child. I further consent and will be
      responsible for any medical or dental treatment that may be advisable at the
      discretion of any physician or dentist. I understand that I will be personally notified
      if it becomes necessary for my child or ward to be returned home and/or require
      health treatment

   d. It is further warranted that if this CONSENT FORM is signed by one of two parent
      or legal guardians, it is with the authority of the other.

__________________________________  ______________________
Signature of Parent/Legal guardian  Date

__________________________________  ______________________
Address  Telephone Number