



Mt. Diablo Unified School District

1936 Carlotta Drive
Concord, CA 94519

TRANSPORTATION OF STUDENTS IN PRIVATELY-OWNED VEHICLES
Certification and Authorization

I have agreed to use my privately-owned automobile for the transportation of students to school-related activities. I certify that I have a valid California driver's license and am 23 years of age or older. I also certify that my vehicle is properly registered and that I have, in force, automobile liability insurance in the amounts set out below. I certify that my vehicle is in safe operating condition. I also accept the terms of the indemnity provision below.

School Concord High School

Student(s) being transported _____
(attach separate list if necessary)

Driver's Name _____ Driver's License No. _____

Address of Driver _____

Home Phone: _____

Make of Automobile _____ Year _____ Model _____

Auto License No. _____ Passenger Capacity (Including Driver) _____

SEAT BELTS MUST BE USED BY EACH OCCUPANT.

CHILDREN UNDER THE AGE OF 8 MUST BE SECURED IN A FEDERALLY APPROVED CAR SEAT OR BOOSTER SEAT IN THE BACK SEAT. CHILDREN UNDER THE AGE OF 8 WHO ARE 4'9" OR TALLER MAY BE SECURED IN AN APPROPRIATE CHILD PASSENGER RESTRAINT SYSTEM OR SAFETY BELT.

THE MAXIMUM NUMBER OF STUDENT PASSENGERS IN ANY SINGLE VEHICLE IS SEVEN (7).

THE VEHICLE'S RATED CAPACITY MAY NOT BE EXCEEDED.

STUDENTS UNDER TWELVE MAY NOT RIDE IN FRONT SEAT OF VEHICLES EQUIPPED WITH AIR BAGS.

STUDENT DRIVERS MAY NOT TRANSPORT OTHER STUDENTS ON ANY FIELD TRIP.

I certify that I have met the minimum vehicle insurance requirements per occurrence as listed below.

- Bodily Injury Liability (BI): Each Individual - \$100,000; Total Each Accident - \$300,000
- Property Damage Liability (PD): Total Each Accident - \$25,000
- Medical Payments Each Individual - \$5,000
- Uninsured Motorist Coverage: Each Individual - \$30,000; Total Each Accident - \$60,000

OR

- Combined Single Limit (BI & PD): \$300,000; Medical Payments Each Individual - \$5,000
- Uninsured Motorist Coverage: Each Individual - \$30,000; Total Each Accident - \$60,000

PLEASE ATTACH A COPY OF INSURANCE COVERAGE STATEMENT

The Mt. Diablo Unified School District does NOT provide insurance coverage for privately owned vehicles. The vehicle owner is responsible for all costs associated with an accident and is advised to consult his/her insurance policy regarding coverage.

Indemnity Provision

Vehicle owner agrees and accepts his/her obligation to manage and control his/her vehicle in a safe and lawful manner. Vehicle owner agrees to defend and indemnify the Mt. Diablo Unified School District, its employees, officers and agents from any claim, action or lawsuit brought by anyone that arises out of, or is in any way connected to, the operation of the owners of the private vehicle pursuant to this certificate and authorization.

Date _____ Signature of Owner _____

Signature of Driver (if different from owner) _____

Signature of Site Administrator _____ Date _____

Original Form to be Kept on File in School Office