



CAPISTRANO UNIFIED SCHOOL DISTRICT
33122 Valle Road
San Juan Capistrano, California 92675
Administration Division

EMPLOYEE/VOLUNTEER PERSONAL AUTOMOBILE USE PERMISSION FORM

All Volunteer Drivers Must be Over 18 Years of Age and must be cleared as Tier I Volunteers (see Volunteer Information located on the CUSD Website under “Community.”)

I, (full name) _____ agree to transport persons in connection with the field trip/s identified below. In accordance with the dictates of EC Section 35330, I hereby release the State of California, and the Capistrano Unified School District, and their officers, agents and employees, from any and all responsibility and/or liability for injury, accident, illness or death which may result during or by reason of my participation in the field trip/s identified below. I hereby waive any and all claims against the State of California, the Capistrano Unified School District, and their officers, agents and employees, arising from any injury, accident, illness or death which may result during or by reason of my participation in the field trip/s identified below.

Trip/Destination: _____ **Date:** _____

Make/model/year of auto: _____ **License No.:** _____

Driver’s License Number: _____ **Expiration Date:** _____

Insurance Carrier (Local agent, firm name and contact information):

Policy Number: _____ **Policy Expiration Date:** _____

<u>Required Insurance Minimums</u>	Bodily Injury	\$ 100,000/\$300,000 per accident
	Property Damage	\$ 25,000 per accident
	Under/Uninsured Motorist	\$ 30,000 per accident

******PLEASE ATTACH A COPY OF YOUR CURRENT POLICY, INCLUDING COVERAGE EXPIRATION DATE******

I hereby acknowledge that the insurance on my auto to be used for transporting students is at or above the limits listed above.

I certify that the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and that my auto is mechanically safe. Additionally I certify that all passengers will wear their individual seat belts while my vehicle is moving.

Furthermore, I understand that my liability insurance policy comes first and that the district’s liability policy will only apply in the case where my policy limits are exceeded. The district does not cover, nor is responsible for, comprehensive and collision coverage to my vehicle.

Address: _____ **Telephone:** _____

Owner of auto signature: _____ **Date:** _____

Driver signature (if different): _____ **Date:** _____

FOR SCHOOL USE ONLY:

_____ **School Name** _____ **Administrator’s Signature**

******KEEP ONE COPY AT THE SCHOOL SITE. SEND ONE COPY TO THE CUSD INSURANCE DEPARTMENT.******