

**EMPLOYEE/VOLUNTEER PERSONAL AUTOMOBILE USE PERMISSION FORM**

I, \_\_\_\_\_, have agreed to transport persons in connection with the field trip identified below. In accordance with the dictates of Ed. Code Section 35330, I hereby release the State of California, and the Irvine 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 identified below. I hereby waive any and all claims against the State of California, the Irvine 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 identified below.

TRIP/DESTINATION \_\_\_\_\_ DATE(s) \_\_\_\_\_

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

YEAR & MAKE OF AUTO \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

INSURANCE CO./AGENT \_\_\_\_\_ PHONE \_\_\_\_\_

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

Insurance minimums:	Bodily Injury	\$100,000/\$300,000 per accident
	Property Damage	\$50,000 per accident
	Medical Payments	\$5,000 per accident
	Un/Underinsured	\$100,000/\$300,000 per accident

LIABILITY LIMITS \_\_\_\_\_ POLICY NO. \_\_\_\_\_

EXP. DATE \_\_\_\_\_ DRIVING RESTRICTIONS \_\_\_\_\_

I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

I understand that all parties being transported by my vehicle as part of the above mentioned field trip are to be wearing seat belts at all times while the vehicle is moving.

NOTE: I also understand that if I use or allow another individual to use my vehicle in connection with this field trip, by law my liability insurance policy is used first, the District liability policy would be used only after my policy limits have been exceeded, and the District does not cover, nor is it responsible for, comprehensive and collision coverage to my vehicle.

\_\_\_\_\_  
OWNER OF VEHICLE SIGNATURE DATE

\_\_\_\_\_  
DRIVER SIGNATURE DATE

Approval: \_\_\_\_\_

\_\_\_\_\_  
PRINCIPAL/SITE ADMINISTRATOR SIGNATURE DATE