

MINNETONKA PUBLIC SCHOOLS



BLANKET LIABILITY RELEASE FOR DRIVER TRANSPORTING THEIR OWN CHILD(REN) ON A FIELD TRIP

Form D – Please check appropriate box

Parent Providing Transportation - I am aware that in offering to drive my child in conjunction with any and all school activity trips to be taken during the **2015-2016** school year that I assume a personal and legal responsibility in the event of accident or injury. I understand that I must provide to the District, prior to being allowed to drive, a copy of my current insurance certificate for the vehicle I will be driving. In addition, I need to provide my current driver’s license information in order for a driving record check to be completed. I understand that the District will contact the Minnesota Department of Public Safety to verify my driving record. In the event that my driving record does not comply with MN regulations for a person allowed to transport students, permission to transport my child for school field trips will be revoked by the School District. I understand that this agreement only allows me to transport my child(ren).

Student Providing Transportation* I and my parents/guardians are aware that in offering to drive myself in conjunction with any and all school activity trips to be taken during the **2015-2016** school year that I assume a personal and legal responsibility. I understand that I must provide to the District, prior to being allowed to drive, a copy of my current insurance certificate for the vehicle I will be driving. In addition, I need to provide my current driver’s license information in order for a driving record check to be completed. I understand that the District will contact the Minnesota Department of Public Safety to verify my driving record. In the event that my driving record does not comply with Minnesota regulations for a person allowed to transport students, permission to drive myself for school field trips will be revoked by the School District. I understand that this agreement allows me to transport myself only and that I am not allowed to transport other students for school related field trips.

By signing below I agree to allow the School District to investigate my driving record and I accept the responsibilities outlined above. I realize that signing below may cause me to be held liable in the event of an accident or injury to the student(s) involved.

A copy of my driving record check and certificate of insurance will be on file in the School District files.

Driver Name (printed)

Student Name (printed)

Driver License Number

Driver License Expiration Date

Date

Signature of Driver

*For Student Driver

Signature of Parent or Guardian
If Driver is a Student

OFFICE USE ONLY
 Copy of Insurance Card Received _____ Driving Record Approved _____ / _____
Date Date / Initials

This agreement must be renewed annually