



Sept. 14, 2014

PARENT INFORMATION
Transporting Student in Private Vehicle

Parents who wish to transport students in their own vehicles must have the following information and or documentation on file with the transportation department **10 days before any trip.**

1. A copy of your driver's license.
2. A current DMV printout of your driving record from the Department of Motor Vehicle. (On line from DMV is acceptable)
3. A copy of the Declaration Page from your automobile insurance with the following information:
 - a. Your name
 - b. Liability coverage in the amount of \$100,000 bodily injury with \$300,000 each occurrence and 25,000 for property damage
 - c. The expiration date of the policy. Each time your insurance is renewed (usually every 6 or 12 months) a new Declaration Page must be sent in.
4. District form #26-9020 Insurance Requirements for Individuals Transporting Students. (Valid for current school year)

All information must be valid for the current school year.

A District employee may not transport students in their private vehicles without having the above information on file, in advance, with the Transportation Department.

RUSD Approved Employee's only, may drive rental vehicles (rented through the District) to transport students.

Per Federal regulations – students can never be transported in 15 passenger vans under any circumstances.

If you have any questions regarding these requirements, please feel free to call me at 352-6789 x 83022

Sincerely,

Marta Nelson
Transportation Manager



RIVERSIDE UNIFIED SCHOOL DISTRICT
Departments of Elementary and Secondary Education

**INSURANCE REQUIREMENTS FOR INDIVIDUALS TRANSPORTING STUDENTS
AND OR DRIVING PERSONAL VEHICLE FOR DISTRICT BUSINESS**

We are pleased that you have agreed to drive students to school-sponsored field trip. Your assistance will help make this activity possible. The following are district requirements:

1. Drivers must have a valid driver's license.
2. The vehicle must be in safe operating condition.
3. Driver must have a minimum of \$100,000.00 limit liability for bodily injury with a \$300,000.00 for each occurrence and \$25,000.00 for property damage.
4. Drivers must only transport the number of passengers for which his or her vehicle was designed and require each passenger to use a safety belt.
5. The number of passengers, including drivers, **shall not exceed ten.** (Ed. Code 39830) Under no circumstances may a fifteen passenger vehicle be used.
6. Drivers should travel caravan style if more than one vehicle is involved. Contingency plans should be made to regroup in the event contact is broken.
7. In the event of mechanical repair of other causes requiring the vehicle to be stopped along the highway or freeway, passengers should be evacuated a safe distance from the disabled vehicle.
8. Trips should be planned to allow leeway in time to permit safe travel. Travel should occur in daylight hours, avoid periods of heavy traffic volume, and allow for possible delay due to weather conditions.
9. Drivers must be cleared through transportation before transporting students.

Liability Insurance Certificate

I understand that while driving and or conducting District business in my personal vehicle and or transporting students to and/or from a school-related activity, my personal automobile liability insurance is the primary coverage. I further understand that I am not a "specified insured" covered by the Riverside Unified School District. Therefore, I agree to and do hereby indemnify and hold harmless the District, its officers, agents, and employees from every claim or demand made, and every liability, loss, damage, or expense, of any nature whatsoever, which may be incurred by reason of transportation of myself and/or students and/or other adults to and or from school-authorized activities.

I further certify that the vehicle which I will be driving is covered by a minimum of liability for bodily injury in the amount of one hundred thousand dollars (\$100,000) and three hundred thousand dollars (\$300,000 for each occurrence, and a for property damage in the amount of twenty-five thousand dollars (\$25,000).

I have read and understand the district requirements for volunteer / employee drivers and certify that I have and will maintain the required insurance liability coverage.

School/Title _____ Sponsoring Group/Work Location _____

This is valid for the period of _____ too end of the current school year **June** _____

Driver's Signature

Print Driver's Name

RIVERSIDE UNIFIED SCHOOL DISTRICT HOLD HARMLESS AND WAIVER

PARENTS/GUARDIANS PICKING UP AND TRANSPORTING THEIR OWN CHILD TO AND OR FROM FIELD TRIP

Student's Name: _____ Date of field trip: _____

School Name: _____ Field trip location: _____

Parent/Guardian Name: _____ Relationship to student: _____

The parent/guardian of the student named above has elected to pick up and transport his/her own child to and from a district-sponsored field trip, although transportation is NOT provided by Riverside Unified School District to and from this event.

By electing to pick up and provide alternate transportation, the parent/guardian agrees to defend, indemnify and hold harmless the Riverside Unified School District, the Board of Trustees, the individual members thereof, and all District officers, staff, agents, employees and volunteers from any and all loss, costs, and expense including legal fees, or other obligations or claims, arising directly or indirectly out of any liability or claim of loss or liability for personal injury, bodily injury to persons, contractual liability, and damage to property, or any other loss, damage, injury or other claim of any kind or nature, arising out of the parent/guardian's decision to pick up and provide alternate transportation for his/her child from the District-sponsored field trip.

Signature of Parent or Legal Guardian

Date Signed

(Print Name of Parent or Legal Guardian)

Signature of Witness

Date Signed

(Print Name of Witness)

RIVERSIDE UNIFIED SCHOOL DISTRICT

WAIVER and RELEASE AGREEMENT FOR PARTICIPATION IN VOLUNTARY DISTRICT SPONSORED ACTIVITY

PARTICIPANT NAME: _____

NAME OF SCHOOL: _____

Description of Activity or event: ATHLETICS

Date(s) of Activity or Event: _____ SCHOOL YEAR _____

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. I understand that this activity is a voluntary District-sponsored activity. I understand that this activity could cause serious illness and/or injury or death, and I assume all risks for any such illness and/or injury or death. I am aware that District supervision is being provided for the above-described activity. I am aware of the transportation arrangements for this activity and acknowledge that the District is not providing transportation. I further acknowledge that the District does not provide medical coverage for participants in this activity.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to his/her child/ward or him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District, its Board or any of its officers, agents, or employees for and of said causes of action, whether the same shall arise by the negligence of any said persons, or otherwise. The foregoing waiver does not apply in the event of the sole negligence or willful misconduct of the District.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child/ward or him/herself as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its Board, officers, agents, and employees from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read and understand the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument.

Parent/Guardian Signature

Date

Participant Signature

Date

Parent/Guardian Name (Please Print)

Phone Number