

LANGSTON CHARTER MIDDLE SCHOOL



VOLUNTEER DRIVER AND WAIVER OF LIABILITY FORM

I AM A VOLUNTEER DRIVER FOR TRANSPORTING STUDENTS AS STATED BELOW:

THE DATE OF THE TRIP IS: _____

DEPARTURE TIME FROM SCHOOL: _____ **RETURN TIME TO SCHOOL:** _____

I WILL COMPLY WITH ALL GREENVILLE COUNTY SCHOOL DISTRICT AND LANGSTON CHARTER MIDDLE SCHOOL REQUIREMENTS PERTAINING TO THE TRANSPORTATION OF STUDENTS.

I UNDERSTAND THAT NEITHER THE GREENVILLE COUNTY SCHOOL DISTRICT NOR LANGSTON CHARTER MIDDLE SCHOOL CARRIES ANY FORM OF INSURANCE, INSURING MYSELF, PASSENGERS AND OR MY VEHICLE.

I HAVE A WELL-MAINTAINED VEHICLE AND I CARRY THE FOLLOWING MINIMUM VEHICLE INSURANCE: \$300,000.00 BODILY INJURY AND \$100,000.00 PROPERTY DAMAGE.

NAME OF INSURED _____

SC DRIVER'S LICENSE NUMBER _____

INSURANCE CARRIER/POLICY NUMBER _____

TYPE AND YEAR OF VEHICLE _____

VEHICLE LICENSE NUMBER _____

I AGREE TO HOLD HARMLESS AND INDEMNIFY THE SCHOOL DISTRICT OF GREENVILLE COUNTY AND LANGSTON CHARTER MIDDLE SCHOOL, (INCLUSIVE, BUT NOT LIMITED TO STAFF, EMPLOYEES AND VOLUNTEERS), FOR ANY AND ALL CLAIMS AGAINST THE SCHOOL DISTRICT OF GREENVILLE COUNTY, LANGSTON CHARTER MIDDLE SCHOOL, (INCLUSIVE, BUT NOT LIMITED TO STAFF, EMPLOYEES AND VOLUNTEERS), INCLUDING, BUT NOT LIMITED TO, ANY AND ALL CLAIMS, FOR ANY INJURY, ACCIDENT, ILLNESS OR DEATH, OR ANY LOSS OR DAMAGE TO PERSONAL PROPERTY OCCURRING DURING OR BY REASON OF MY TRANSPORTATION OF STUDENTS IN SAID FIELD TRIP.

I FURTHER WAIVE ALL CLAIMS AGAINST THE SCHOOL DISTRICT OF GREENVILLE COUNTY, LANGSTON CHARTER MIDDLE SCHOOL, (INCLUSIVE, BUT NOT LIMITED TO STAFF, EMPLOYEES AND VOLUNTEERS), INCLUDING, BUT NOT LIMITED TO, ANY AND ALL CLAIMS, FOR ANY INJURY, ACCIDENT, ILLNESS OR DEATH, OR ANY LOSS OR DAMAGE TO PERSONAL PROPERTY OCCURRING DURING OR BY REASON OF MY TRANSPORTATION OF STUDENTS.

DRIVER

DATE

OWNER

DATE