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 LANGSTON CHARTER MIDDLE SCHOOL AND CHARTER INSTITUTE OF ERSKINE REQUIREMENTS PERTAINING TO THE TRANSPORTATION OF STUDENTS.

I UNDERSTAND THAT NEITHER THE CHARTER INSTITUTE OF ERSKINE 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 CHARTER INSTITUTE OF ERSKINE AND LANGSTON CHARTER MIDDLE SCHOOL, (INCLUSIVE, BUT NOT LIMITED TO STAFF, EMPLOYEES AND VOLUNTEERS), FOR ANY AND ALL CLAIMS AGAINST THE CHARTER INSTITUTE OF ERSKINE, 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 CHARTER INSTITUTE OF ERSKINE, 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***