

# VISTA MURRIETA HIGH SCHOOL

## NON-DISTRICT TRANSPORTATION NOTICE

The undersigned hereby acknowledges and understands that the Murrieta Valley Unified School District does NOT provide transportation to certain activities, and that it is the responsibility of the undersigned to arrange for transportation.

As parent/legal guardian, I hereby authorize and give permission for my child, \_\_\_\_\_, to drive him/ herself to the activity, to ride as a passenger in a vehicle driven by another adult or student, or that I will personally be transporting my child to school sponsored activities when no district transportation is available.

The undersigned acknowledges and understands that the driver is not driving on behalf of or as an agent of the District. Further, the undersigned understands that the District has not verified the driving record of the driver or the mechanical condition of the vehicle.

**IT IS FULLY UNDERSTOOD THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NON-DISTRICT SPONSORED TRANSPORTATION. ALTHOUGH DISTRICT EMPLOYEES MAY PROVIDE OR ASSIST IN COORDINATING THE TRANSPORTATION AND/OR RECOMMEND TRAVEL TIME, ROUTES, OR CARAVANNING TO OR FROM THIS EVENT, I FULLY UNDERSTAND THAT SUCH PROVISIONS OR RECOMMENDATIONS ARE NOT MANDATORY.**

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

## EMPLOYEE/VOLUNTEER/STUDENT VEHICLE USE FORM

VMHS Men's Soccer Away Games 2023-2024

Driver's Name: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Driving Restrictions (if any): \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy Expiration Date: \_\_\_\_\_

**NOTE: THE ABOVE INSURANCE INFORMATION CAN BE FOUND ON THE PROOF OF INSURANCE CARD, WHICH SHOULD BE AVAILABLE IN EACH INSURED VEHICLE. ALTERNATELY, YOU MAY ATTACH A COPY OF SAME**

I certify that the above information is correct and that 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.

- ❖ Name of Vehicle Driver: \_\_\_\_\_
- ❖ Signature of Vehicle Driver: \_\_\_\_\_
- ❖ Name of Vehicle Owner: \_\_\_\_\_
- ❖ Date: \_\_\_\_\_

**NOTE: IF YOU DRIVE YOUR PERSONAL VEHICLE WHILE ON DISTRICT BUSINESS AND YOU ARE INVOLVED IN AN ACCIDENT, BY LAW YOUR LIABILITY INSURANCE POLICY IS USED FIRST. THE DISTRICT LIABILITY POLICY WOULD BE USED ONLY AFTER YOUR POLICY LIMITS HAVE BEEN EXCEEDED. THE DISTRICT DOES NOT COVER, NOR IS IT RESPONSIBLE FOR, COMPREHENSIVE AND COLLISION COVERAGE TO YOUR VEHICLE.**

**Department Administrator Approval:**

Name of Dept. Administrator \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_