

# H.H. Dow High School Volunteer Personal Automobile/ Trailer Towing Use

**Date:** \_\_\_\_\_ **Affiliated School (full name):** \_\_\_\_\_

Thank you very much for volunteering to help out with transporting the Dow High Trailer. We appreciate your support in assisting our students. You need to be aware of several things and we need certain information from you as noted below:

## Certification and Authorization

I have agreed to use my personal owned automobile for the transportation of equipment trailer to school-related activities, and I understand that **HH Dow High School or Midland Public School District does NOT provide insurance coverage for such personally or privately owned vehicles. vehicle owner and driver are responsible for all for such insurance coverage and all costs associated with an accident and are advised to consult their insurance policy regarding coverage.** By signing by signing this form you are also certifying the following:

1. All the information you have provided in this form is correct and accurate.
2. I have automobile liability insurance coverage currently in force as indicated below, and I agree to inform the District in writing if there are any changes to that policy or in other information provided during the course of my volunteer service.
3. I have a valid Driver License and I am 25 years of age or older.
4. I have submitted a Bravo Volunteer form to MPS and have been approved.
5. The vehicle rated towing capacity meets or exceeds 5000lbs. for pulling the trailer and has working towing lights and brake controller system.
6. The vehicle I am driving is properly registered and is safe and in good operating condition for the activity.
7. Student or School owned instruments would be covered by either the student parent or school insurance policy while on any school-related activity.
8. I agree to abide by all current applicable provisions of the State Vehicle Code.
9. I also accept the terms of the indemnity provision below.
10. I have carefully read this form.
11. I have not had any major violations (DUI or reckless driving) in last 5 yrs, no more than two speeding tickets or one at fault accident in last three years.

**Driver's Name:** \_\_\_\_\_

**Valid State Driver's License No.:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Address of Driver:** \_\_\_\_\_

**Driver's Home & Cell Phone No.:** \_\_\_\_\_

**Year, Make, Model of Vehicle:** \_\_\_\_\_ **Vehicle License No.** \_\_\_\_\_

**Passenger Capacity (Including Driver):** \_\_\_\_\_

**Automobile Liability Insurer:** \_\_\_\_\_

**Policy No.:** \_\_\_\_\_ **Expiration Date of Policy:** \_\_\_\_\_

**I certify that I have met the minimum vehicle insurance requirements per occurrence as listed below.**

- Bodily Injury Liability (BI): Each Individual - \$500,000; Total Each Accident - \$500,000
  - Property Damage Liability (PD): Total Each Accident - \$500,000
  - Medical Payments Each Individual - \$5,000
  - Uninsured Motorist Coverage: Each Individual - \$100,000; Total Each Accident - \$200,000
- OR
- Combined Single Limit (BI & PD): \$500,000
  - Uninsured Motorist Coverage: Each Individual - \$100,000; Total Each Accident - \$200,000

**PLEASE ATTACH A CURRENT COPY OF INSURANCE COVERAGE DECLARATIONS STATEMENT, COPY OF DRIVERS LICENSE, AND PROOF OF INSURANCE**

### Indemnity Provision

Vehicle owner agrees and accepts his/her obligation to manage and control his/her vehicle in a safe and lawful manner. Vehicle owner agrees to defend and indemnify the Midland Public School District, its employees, officers and agents from any claim, action or lawsuit brought by anyone that arises out of, or is in any way connected to, the operation of the owners of the private vehicle pursuant to this certificate and authorization.

**Date:** \_\_\_\_\_ **Print Name & Signature of Owner:** \_\_\_\_\_

**Print Name & Signature of Driver (if different from owner):** \_\_\_\_\_

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### DISTRICT USE ONLY

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_