

FIELD TRIP DRIVER INFORMATION SHEET

Parish _____ School _____

1. Driver:	
Name _____	Date of Birth _____
Address _____	Soc. Sec. No. _____
_____	Telephone _____
Driver's License No. _____	Date of Expiration _____

2. Vehicle that will be used:

Name of Owner _____ Model of Vehicle _____

Address of Owner _____ Make of Vehicle _____

_____ Year of Vehicle _____

License Plate No. _____ Date of Expiration _____

Registration Expiration Date _____

3. Insurance Information:

Insurance Company _____

Policy No. _____

Date of Policy Expiration _____

Liability Limits of Policy** _____

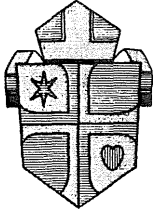
**Please note: The minimal acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000.

4. Certification:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required coverage in effect on any vehicle used to transport the children.

Signature

Date



Official legal form for Diocese of Salina

FORM K

**FIELD TRIP
LIABILITY WAIVER (ADULT)**

In addition to the Field Trip Health Information/Release form, each adult participant, including group leaders and chaperons, must sign this form.

RELEASE OF LIABILITY

I, _____, agree on behalf of myself, my heirs, assigns, executors, and
personal representatives, to hold harmless and defend _____,

Full name

Parish

Diocese of Salina, its officers, directors, agents, employees, or representatives associated with the field trip from any and all liability claims, loss or damage arising from or in connection with my participation in the field trip.

Signature

Date

Print Name