



Albany Christian School

420 Third Ave. SE
Albany, Oregon 97321
(541)-928-1110

PARENT DRIVER WAIVER

Field trip destination: _____ Date: ____/____/____

Thank you for your help in providing transportation for our children. For their safety, it is important that you read and complete the following:

We require that our field trip drivers have one seat belt per child. I am able to transport _____ number of seat belted children.

I am currently a licensed driver in good standing: Yes No.

Driver License Number _____ State _____

My auto liability insurance company is _____

Policy Number or Agency _____

ACS has a copy of my insurance card? Yes No

I agree to:

1. Have all children safety buckled in seat belts and/or car seats. Children under 40 pounds or 4 years of age require car seats.
2. Follow exact directions given to destination.
3. Return directly to the school immediately following the field trip.
4. Notify teachers or trip leader immediately of any injuries or problems.
5. I agree to indemnify, defend and hold harmless Albany Christian School, it's employees and agents for all costs, damages and attorney's fees arising out of providing transportation for the above stated field trip.

Please Complete this document and return it to the teacher prior to the trip.

Signature

_____/_____/_____

Date