

OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM
STUDENT USE OF PRIVATE TRANSPORTATION
FOR DISTRICT FIELD TRIP OR EXCURSION
RISK MANAGEMENT/#2701/REVISED, MAY 2019

PROGRAM/TRIP INFORMATION:

Class/Club: _____ Instructor/Advisor: _____

Field Trip/Activity: _____ Destination: _____

Departure Date/Time: _____ Return Date/Time: _____

DRIVER/PASSENGER/VEHICLE INFORMATION:

Student Name: _____ Student ID #: _____

If **DRIVER**, complete the information below. If **PASSENGER**, ONLY List Driver's Name: _____

Driver License #: _____ Expiration Date: _____ Restrictions? Yes / No

Yr/Make/Model: _____ Vehicle License #: _____ Expiration Date: _____

Name and Phone # of Registered Owner: _____

Insurance Company: _____ Policy #: _____ Expiration Date: _____

List Passengers Traveling in Vehicle: _____

CERTIFICATION:

I elect to utilize private transportation for the above trip/activity. I hereby acknowledge and understand that the district is providing transportation to the College sponsored activity BUT I am voluntarily choosing to arrange my own transportation.

PASSENGER ONLY:

I further acknowledge and understand that the driver of the vehicle in which I am riding as passenger, is NOT driving as an agent of or on behalf of the College, and the College has not confirmed liability insurance coverage, driver's license status, driving record of the driver or the mechanical condition of the vehicle.

I understand that the College is in no way responsible, nor does the College assume liability for any injuries or losses resulting from my use of Non-District sponsored transportation.

DRIVER ONLY:

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 possess a valid driver's license, have the proper and current vehicle registration and have at least the minimum insurance coverage in effect as specified in the California Vehicle Code. Furthermore I certify that the vehicle being driven is in good mechanical and operational condition and has all required safety belts in operational condition. I will ensure that seat belts will be worn by all persons in the vehicle.

I acknowledge and agree that while using a privately owned vehicle on a field trip or excursion, that in the case of an accident, **my personal vehicle insurance will be the primary coverage**. I will report all accidents to the Risk Management Office as soon as possible. *Traffic and/or parking citations issued to me shall be my sole responsibility.*

Student Signature: _____ Date: _____

DEPARTMENT APPROVAL:

Instructor/Advisor: _____ Date: _____

Area Dean: _____ Date: _____