

DIOCESE OF YAKIMA

ADULT LIABILITY WAIVER

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,
Full Name

and personal representatives, to hold harmless and defend _____,
Parish/School/Youth Group

_____ its officers, directors, agents, employees, or
(Arch) Diocese

representatives from any and all liability for illness, injury or death arising from or in connection with my participation in the trip.

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give my permission for the necessary emergency treatment to be administered.

Please advise the doctors that I have the following allergies: _____

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____ Relationship to me: _____

Daytime Phone: _____ Nighttime Phone: _____

Health Insurance Carrier _____

Insurance ID Number _____ Insurance Policy Number _____

Signature

Date

Print Name

DIOCESE OF YAKIMA

FIELD TRIP

TRANSPORTATION POLICY

Commercial carrier or contracted transportation is the most desirable method to be used for field trips and, whenever possible, this mode of transportation should be provided. The use of private passenger vehicles is discouraged and should be avoided if at all possible. If commercial carriers are used (e.g., commercial airlines, trains, or buses) no further information is required. However, if transportation is contracted, signed contracts should be executed with an appropriate hold harmless agreement protecting the parish and the (Arch)Diocese. Also, contracted carriers should provide proof of insurance with minimum limits of liability of \$2,000,000 CSL (Combined Single Limit).

LEASED VEHICLES

If a vehicle is leased, rented, or borrowed to transport participants to and from the event, appropriate insurance should be obtained. Coverage can be purchased through the rental company or your local agent. If auto coverage is provided through Catholic Mutual, contact should be made with your Member Services Representative, Troy Taylor at 800-228-6108 or ttaylor@catholicmutual.org. **COVERAGE CANNOT BE AUTOMATICALLY ASSUMED FOR LEASED, RENTED, OR BORROWED VEHICLES.**

PRIVATE PASSENGER VEHICLES

If a private passenger vehicle must be used, then the following information must be supplied and this information must be certified by the driver in question (see form attached).

1. The driver must be 21 years of age or older.
2. The driver must have a valid, non-probationary driver's license and no physical disability that could in any way impair his/her ability to drive the vehicle safely.
3. The vehicle must have a valid and current registration and valid and current license plates.
4. The vehicle must be insured for the following minimum limits: \$100,000 per person/\$300,000 per occurrence.

A signed **Driver information Sheet** on each vehicle used must be obtained prior to the field trip.

Each driver and/or chaperon should be given a copy of the approved itinerary including the route to be followed and a summary of his/her responsibilities.

DISTANCE LIMITATIONS (For non-contracted transportation)

1. Daily maximum miles driven should not exceed 500 miles per vehicle.
2. Maximum number of consecutive miles driven should not exceed 250 miles per driver without at least a 30-minute break.

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VOLUNTEER DRIVER INFORMATION FORM

Driver:

Name of Driver _____ Date of Birth _____

Address _____

Home Phone # _____ Cell Phone # _____

Driver's License # _____

Date of Expiration _____ State Issued _____

Vehicle That Will Be Used:

Name of Owner _____ Address _____

Year, Make & Model of Vehicle _____ Phone # _____

License Plate Number of Vehicle Used _____ Date of Expiration _____

If more than one vehicle is used, the aforementioned information must be provided for each vehicle.

Insurance Information:

Insurance Company's Name _____ Policy # _____

Liability Limits of Policy* _____ Date of Policy Expiration _____

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

Agent's Name _____ Agent's Phone # _____

In order to provide for the safety of our students or other members of the parish/school/youth group and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the last three years:

1. I have NOT had a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three years. TRUE: ___ FALSE:
2. I have NOT had two or more convictions for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last seven years. TRUE: FALSE:
3. I have had no more than three moving violations or accidents in the last three years. TRUE: _____ FALSE:

Please be aware that as a volunteer driver, your insurance is primary.

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that driving for Church/School/Youth Ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. 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 insurance coverage in effect on any vehicle used to transport students/participants. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Signature

Church/School/Institute Representative signature

Date

Thank you for helping us with our transportation needs.