



At the Madison Park Bathhouse . 1900 43<sup>rd</sup> Avenue East, Seattle, WA 98112 . (206) 324-7846

### **VOLUNTARY DRIVER AUTOMOBILE NOTICE FORM**

This form must be completed by all drivers/owners of vehicles used to transport students to or from activities sponsored by the co-ops.

Acknowledgment: As a volunteer driver I understand that the liability insurance on my vehicle is primary insurance and in the event of an accident, my insurance will respond to any injuries or damage. To the extent that I am legally obligated to pay, I also agree to hold harmless the parent education cooperative, it's board members, employees and staff from any and all claims, liabilities, damages or expenses (including defense costs) arising directly or indirectly from the maintenance, ownership or use of my vehicle.

\_\_\_\_\_  
Parent's/Driver's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Name of Co-op

### **INSURANCE INFORMATION**

\_\_\_\_\_  
Name of Automobile Insurance Carrier

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Term of Coverage

Limit of Insurance (Bodily Injury): \$\_\_\_\_\_per person (\$100,000 minimum)

\$\_\_\_\_\_per accident (\$300,000 minimum)

(Property Damage): \$\_\_\_\_\_per accident (\$50,000 minimum)

or: \$\_\_\_\_\_ combined (\$300,000 minimum)  
single limit

This form will remain in effect for the entire length of the school term. Please advise of any change in insurance coverage during the school term. **Attach a copy of driver's license.**