



Southern NH Montessori Academy Liability/Responsibility Agreement

Volunteer drivers may transport students under certain circumstances. Each private vehicle is authorized to transport as many students as there are seatbelts to safely accommodate them (one per student, with a maximum of 9 students). Each volunteer driver is required to be at least 21 years of age, possess a valid driver's license and carry the below stated minimum liability insurance. Each vehicle used shall be in safe operating condition and shall be operated in a safe and legal manner following the most direct route and avoiding unnecessary stops. Volunteer drivers are not to carry non-district personnel or non-students as passengers while transporting SNHMA students. The volunteer driver is responsible for the students while in route. Your signature below indicates that you understand and accept the conditions under which you are offering your services to personally drive your vehicle for this school sponsored activity and that you accept responsibility for the students you are transporting.

Name (Print)

Signature

Date

**** PLEASE COMPLETE ALL SIDES OF FORMS * * PLEASE COMPLETE ALL SIDES OF FORM**



Personal Automobile Use Permission Form **VOLUNTEER**

PLEASE PRINT:

Name: _____ DOB: _____

* Must be over 21

Address: _____ City: _____ Zip: _____

Phone: () _____ Cell Ph: () _____

Driver's License Number: _____ Expiration: _____

* Please submit a copy with this paperwork

Year & Make of Auto: _____ License Plate: _____

Insurance Carrier: _____ *Policy #: _____

Policy Expiration: _____ Agent: _____ Phone: _____

* Please attach verification of your insurance coverage with minimums of: \$100,000 per person, \$300,000 per accident & \$50,000 Property

Driving Restrictions: _____

I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise Southern NH Montessori Academy, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

NOTE: If you drive your personal automobile while on School business and you are involved in an accident, by law your liability insurance policy is used first. SNHMA liability policy would be used only after your limits have been exceeded. SNHMA does not cover nor is it responsible for, comprehensive and collision coverage to your vehicle.

Owner of vehicle

Date

Driver signature

Date

I have read the above and approve the use of this vehicle for the purpose stated.

Director Signature

Date



Southern NH Montessori Academy Voluntary Excursion/Field Trip Notice & Medical Authorization ADULT

I understand that I hold SNHMA, its officers, employees and agents harmless from any and all liability and claims arising out of or in connection with my participation in the following voluntary excursion/field trip. In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. I understand that all resulting expenses will be my responsibility.

PLEASE PRINT:

Family Medical Insurance Carrier Policy #

Family Physician Phone #

In the event of personal illness or injury, please contact:

Name Phone #

Name Phone #

Important Health Information (Allergic reactions, Medications, etc):

I have the following special medical conditions which may affect my volunteer service:

Name (Please Print):

Address: _____

Ph: _____

Hm.

Signature: _____

Date: