



STAFF-PROVIDED TRANSPORTATION FORM

I, \_\_\_\_\_, will be transporting students from

(employee name)

\_\_\_\_\_ to \_\_\_\_\_

(campus name)

and back to \_\_\_\_\_ for a field trip.

(campus name)

Time of Trip: \_\_\_\_\_ to \_\_\_\_\_

Date of trip: \_\_\_\_\_

I have read the FMG (REGULATION): Student Activities: Travel provisions that state: "If a privately owned or rented vehicle is used, the vehicle must be insured, and the operator of the vehicle must be appropriately licensed and insured. The operator of the vehicle will ensure that the number of passengers does not exceed the designated capacity of the vehicle and that each passenger is secured by a safety belt. The owner and/or driver of the privately owned vehicle or the person who leases a vehicle assumes all liability." [See FMG (LOCAL)] (attach proof of insurance)

I, \_\_\_\_\_, fully understand the policy as it relates to the trip mentioned above and will assume all responsibility related to this form of transportation.

Signature \_\_\_\_\_ Date \_\_\_\_\_