



WAIVER FOR USE OF PERSONAL TRANSPORTATION

This agreement must be signed by every student participating in the field trip/excursion, and providing their own transportation, as a passenger in another vehicle or driving their own vehicle, before permission will be granted to participate.

Activity/Field Trip/Excursion: _____

Class/Group: _____

Supervising Academic Employee: _____ Departure

Date & Time: _____ Return Date & Time: _____

I understand the Napa Valley Community College District is providing transportation to and from the above activity. However, I hereby request permission to provide my own transportation at my own expense for the activity and applicable dates as described above. It is fully understood that the District is in no way responsible, nor does the District assume liability, for any injuries or losses resulting from use of my own transportation.

Although the District may assist in coordinating transportation and/or recommending travel time, routes, carpooling, or caravanning to or from this activity, I fully understand that such recommendations are not mandatory.

I UNDERSTAND THAT BY OPERATING MY VEHICLE OR RIDING AS A PASSENGER IN A NON-DISTRICT VEHICLE FOR THIS OFF-CAMPUS ACTIVITY, I AM ACCEPTING FULL RESPONSIBILITY FOR ANY FORM OF INJURY OR PROPERTY DAMAGE WHICH MAY OCCUR. I HEREBY RELEASE AND HOLD HARMLESS THE DISTRICT FROM ANY LIABILITY WHATSOEVER FOR MY USE OF NON-DISTRICT TRANSPORTATION.

I also understand that the driver of the vehicle in which I am riding, either as driver or passenger, is not driving as an agent of or on behalf of the District, and the District has not confirmed liability insurance coverage, driver's license status or the condition of the vehicle. I further acknowledge that my District provided student insurance coverage may not cover damages or injury because of my election to utilize my own transportation as a driver or passenger without the direct supervision of District staff.

Participant's Name: _____

Signature: _____ Date: _____

If Participant is under 18 years of age: I am the parent or legal guardian of the Participant. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document. I allow Participant to participate in this Activity and I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____