



At the Madison Park Bathhouse . 1900 43rd 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.**