

MT. BLUE REGIONAL SCHOOL DISTRICT
108 Learning Lane
Farmington, ME 04938

WAIVER OF CLAIM FORM
SUBMIT FORM TO TRANSPORTATION OFFICE
Must be submitted one (1) week prior to trip date(s)

The purpose of this form is to request approval to transport students and to present a waiver for any and all claims that might arise out of said transportation and related to any and all items that are or might be covered by so-called collision or comprehensive insurance.

I wish to transport students and I certify that at all times I shall carry a minimum of \$100,000 - \$300,000 in liability insurance on any vehicle I use to transport Mt. Blue R.S.D. students. I hereby disclose that *I do* *I don't* carry collision or comprehensive insurance coverage and I waive all claims against Mt. Blue R.S.D. under any contractual provision or any other provision with regard to any damage normally covered by collision or comprehensive insurance. I also guarantee that I shall not transport Mt. Blue R.S.D. students in any vehicle that is not owned solely by me unless that vehicle meets the full District requirements for Liability, Collision, and Comprehensive coverage.

Vehicle Identification Number: _____

Full Name of Vehicle Owner: _____

Make, Model, and Year of Vehicle: _____

School/Facility you work at: _____

ATTACHED IS A COPY OF THE DECLARATION PAGE OF MY INSURANCE POLICY AND A PHOTOCOPY OF MY DRIVER'S LICENSE. I UNDERSTAND THAT THIS WAIVER WILL EXPIRE AT THE END OF EACH SCHOOL YEAR, OR ALONG WITH MY CURRENT INSURANCE DECLARATION, WHICHEVER COMES FIRST.

In signing this form you also authorize Mt. Blue Regional School District to conduct a driver's record check to verify license status.

Signature: _____

Date: _____

Date Received by Mt. Blue RSD: _____

Approved: _____

Denied: _____