

**TO BE COMPLETED ONLY IF YOU/YOUR CHILD WILL BE A  
VOLUNTEER DRIVER FOR STUDENTS**

**Athletic Event Transportation  
Volunteer Driver Acknowledgement Form**

I volunteer to transport students of the Olympia School District using my private vehicle, at my own risk, for practices, games, interschool competitions and related activities, and affirm the following:

1. I have a valid vehicle operator's license allowing me to transport high school-age students.
2. My vehicle is in a safe and serviceable operating condition with all safety devices in proper working condition.
3. I currently have in effect, vehicle liability insurance in a minimum of \$25,000 per person and \$50,000 per accident, for liability and \$10,000 per accident for property damage.
4. I have never been convicted of driving under the influence of alcohol or any other controlled substance.
5. I agree to operate my vehicle within all applicable motor vehicle laws.
6. I understand and agree that in the case of an accident, where myself or another person are held liable for bodily injury or property damage caused, my own insurance is the primary and first coverage.
7. I understand that any and all fines, incurred in connection with operating a motor vehicle, are my full responsibility.
8. I understand, and am aware that, I must travel directly to and from events.

WIAA Season and Activity: \_\_\_\_\_

I will be transporting Students:

From School: \_\_\_\_\_ To School: \_\_\_\_\_

Vehicle Driver's Legal Name: \_\_\_\_\_  
(please print)

Vehicle Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If vehicle driver is a high school student:** By my signature below, I have given approval for my child to be a volunteer driver transporting other students.

Parent/Legal Guardian's Name: \_\_\_\_\_  
(please print)

Parent/Legal Guardian's Signature: \_\_\_\_\_

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**Approval for The Volunteer Driver and Acknowledgement that a valid vehicle operator's license and proof of current insurance has been presented and approved by the building principal or their assigned designee:**

Date: \_\_\_\_\_  Approved  Not Approved

Approving Signature: \_\_\_\_\_ Title: \_\_\_\_\_