

Science Field Activity Volunteer Driver Waiver & Release of Liability Form

Activity:

Date(s) of Activity:

Volunteer driver information (please print):

Name: _____

Address: _____

Telephone: _____ Driver License No.: _____
(indicate state or country)

Auto insurance company and policy number: _____

If you are not the vehicle owner:

Owner's Name and Address: _____

Vehicle License Plate Number: _____

I, _____ (print name), waive, release and discharge Austin Community College (ACC), its trustees, officers and employees from any claims, demands, costs, causes of action, or damage as a result of property loss or damage, or personal injuries sustained to myself and to passengers of a vehicle that I am driving during participation in or traveling to and from locations of the field activity named above. Furthermore, I intend this waiver and release to be legally binding on my heirs, executors, administrators, estate and assigns.

I, the undersigned, hereby state that I am an adult over the age of eighteen (18) years, that I am mentally competent to make this release, and that I am driving a vehicle with the owner's permission for the field activity under my own volition. I further state that I have at least a Class C driver license that is valid in the State of Texas, and that I have at least the minimum amount of liability insurance specified by the Texas Motor Vehicle Safety Responsibility Act. I agree to notify ACC in writing if there is a change in the status of my driver license or vehicle liability insurance.

Signature of Volunteer Driver

Date

Signature of Witness (witness must be at least 18 years old)

Date

Printed Name of Witness