

STUDENT REQUEST TO DRIVE A PRIVATE VEHICLE

This completed form must be filed in the Vice President for Student Services Office one week prior to the designated travel date. A copy of your current valid driver's license and your current proof of vehicle insurance document must accompany this form.

1. Name, Student ID number and birth date of s	student making the request:	
Name:		
Student ID #:	Birth date:	
2. Class, activity or event for which you are req	uesting permission to drive your own ve	ehicle:
3. Reasons for driving your own vehicle for this	class, activity or event:	
Signature of the Casper College faculty mem	nber or employee who has responsibility	y for this class,
activity or event:	(signature)	(date)
5. I, my parents, guardians, heirs and estate do and all legal liability which may accrue due to m vehicle. I also understand that the Casper Collectaims incurred as a result of my driving for this 6. I understand and agree that I am wholly resp driving in relation to this College function. Furth responsibility and liability for any passengers, w 7. I certify that the vehicle, which I am using on have a valid driver's license and that the vehicle insurance requirements of the State of Wyoming by this proof of insurance card).	ey choice to seek this release and drive ege insurance program will not cover an class, activity or event. consible for any other person riding with her, I release Casper College from any arbich I invite or accept to ride with me. this trip, is mine or has been legally program and the control of the con	myself in my own ny loss damage or n me while I am and all ovided to me, that I ne minimum auto
Participant's signature	Date	
ENDORSEMENT FOR MINORS		
As parent and/or guardian of the above named RELEASE, and I hereby assent to all provisions		ie above
Parent/Guardian Signature	Date	