Return 1 week prior to travel to:

Office of Vice President for Student Services Kim Byrd, GW412 307-268-2210

STUDENT REQUEST TO DRIVE A PRIVATE VEHICLE

PLEASE ATTACH A COPY OF YOUR CURRENT VALID DRIVERS LICENSE AND YOUR CURRENT PROOF OF VEHICLE INSURANCE TO THIS FORM

1.	Name:	Student ID#	DOB
	(Last, First, Middle – pleas	se print)	
2.	Class, activity or event for which you are requesting permission to drive your own vehicle:		
3.	Reasons for driving your own vehicle fo	or this class, activity or event:	
4.	Signature of the Sponsor or Travel Leader who has responsibility for this class, activity or event:		
	Signature of Sponsor or Travel Lea	nder Date	
5.	I, my parents, guardians, heirs and estate do release Casper College, and any agent thereof, of any and all legal liability which may accrue due to my choice to seek this release and drive myself in my own vehicle. I also understand that the Casper College insurance program will not cover any loss or damage of claims incurred as a result of my driving for this class, activity or event.		
6.	I understand and agree that I am wholly responsible for any other person riding with me while I am driving in relation to this College function. Further, I release Casper College from any and all responsibility and liability for any passengers, which I invite or accept to ride with me.		
7.	license and that the vehicle I am driving	certify that the vehicle, which I am using on this trip, is mine or has been legally provided to me, that I have a valid driver's cense and that the vehicle I am driving is insured so as to meet the minimum auto insurance requirements of the State of Vyoming, or the state in which the vehicle is registered (as shown by this proof of insurance card.)	
	Participant Signature	Date	
EN	NDORSEMENT FOR MINORS		
	parent and/or guardian of the above name ovisions thereof.	ed participant under age 18, I have read the above F	RELEASE, and I hereby assent to all
Parent/Guardian Signature		Date	