



FACULTY OF EDUCATION-FIELD EXPERIENCES DRIVER AGREEMENT (PS I)

NAME OF DRIVER: _____ STUDENT ID#: _____

As the owner or driver of a personal vehicle being used to transport yourself or other students to and from schools to carry out Student Teaching assignments, you are legally responsible for the operation of the vehicle and for any injuries or damages that may be caused by reason of the operation of the vehicle. This includes both potential claims by passengers and any other party who sustains injury or loss by reason of the operation of the vehicle.

The University of Lethbridge requires the Following:

1. A specific policy endorsement may be required by your insurance company to provide extended coverage to carry passengers. **NOTE: You are not paid for driving other students to their practicum. You are reimbursed a portion of the practicum fee you paid.**

2. Extended Third Party liability coverage under your standard automobile policy in a minimum amount of 1,000,000.00. Contact your insurance company and arrange to extend your coverage for the duration of time you will be transporting other students. Field Experiences will reimburse you for the cost of additional coverage. If the cost of insurance extension is more than \$50.00, please contact us before paying, otherwise, pay and submit receipt for reimbursement.

Initial: 3. I have a valid Operator's license detailed below, for the vehicle I will drive. My driver's license has not been under prohibition or suspension in the last three years. If you are prohibited or suspended from driving in the last three years you cannot drive others on U of L sponsored activities.

Operator's license #: _____ Province/Territory of Issue: _____

Date of Birth: (yy/mm/dd) _____ Expiry Date: (yy/mm/dd) _____

Initial: 4. I have no more than 7 demerits against my operator's license. If you have more than 7 demerits you cannot drive others on U of L sponsored activities.

Initial: 5. I have confirmed the vehicle is insured for \$1,000,000.00 third party liability and have outlined the insurance information below.

Vehicle Registered Owner Name: _____

Insurance Company: _____ Policy #: _____

Insurance Broker Name: _____ Liability Limit: _____

Initial: 6. STUDENTS UTILIZING PERSONAL VEHICLES FOR TRANSPORTATION OF FELLOW STUDENTS TO PRACTICUM ASSIGNMENTS: I am FULLY aware that I am legally responsible for the operation of the vehicle I will be using to transport fellow students to practicum assignments. I acknowledge that neither the University of Lethbridge nor its insurers are in any way responsible for:

- losses arising from the operation of the above vehicle;
- Costs associated with the mechanical breakdown of the above vehicle.

7. I will follow all conditions/endorsements that are noted on my license

8. I agree to operate the vehicle in a safe manner and to abide by the laws within the jurisdiction(s) in which I am authorized to drive on the field work or other University sponsored activity.

9. I agree to limit the number of passengers to the number of useable seatbelts and will not allow passengers to ride in the back (box) of a truck. All passengers must wear seatbelts while driving on the activity.

10. I agree to immediately inform the U of L Risk & Safety Services (403-382-7176) of any accident that occurs while driving in connection with the field work or other University sponsored activity.

I certify the information contained in this agreement is accurate to the best of my knowledge. I have read, understood and agree to the terms and conditions listed above for being authorized to drive a personal vehicle on the field work or other University sponsored activity. I give the University of Lethbridge permission to obtain a copy of my driving record (abstract) and/or a copy of my insurance policy details for matters related to this driver agreement at any time within one year following the signing of this form.

Signature of Driver: _____ Date: _____