

ST. PETER CHANEL HIGH SCHOOL  
480 NORTHFIELD ROAD  
BEDFORD, OHIO 44146  
VOLUNTEER DRIVER'S STATEMENT  
Please print

As a volunteer driver for \_\_\_\_\_  
(event)

I recognize that, in the event of an auto accident chargeable to me, my car insurer shall be considered the primary insurer for all claims, judgments, and liability for any injury or damage to any and all children that I may be transporting to and from the event trip for which I am driving.

I attest that:

1. I have a current driver's license that is in good standing with the State of Ohio.
2. I do have car insurance, as required by the laws of the State of Ohio and the policy is adequate to cover any and all children that I may be transporting and to cover any claims that may be made against me.
3. I am not currently under any medication nor do I have a medical condition that would impair my ability to operate a motor vehicle.

\_\_\_\_\_  
(Driver's signature)

\_\_\_\_\_  
(date)