

**APPENDIX VI**  
**Montana HOSA Student Driver Waiver**

Student Name:

Gender:

Current Year in School:

School:

Chapter: (if different)

Emergency Contact Name:

Emergency Contact Phone:

Emergency Contact E-mail:

Current Driver's License

Current Proof of Auto Insurance

Advisor has verified both documents

Advisor Signature:

Date:

Montana HOSA: Future Health Professionals carries an insurance policy with Robyianes, Education and Nonprofit Insurance Company of America, LLC, through Philadelphia Insurance, policy PHPK2028721. All students are covered while in attendance at Fall and State Conference. Students traveling with a commercial bus, contracted with the school district, are covered under the bus company's insurance. Students are covered by Montana HOSA's insurance when/if they travel with an advisor, staff member or board member in a rental vehicle.

**A student who chooses to transport himself/herself in his/her own private vehicle must:**

- 1. Reside in city limits in which event is being hosted**
- 2. Have advisor verification for current Montana driver's license**
- 3. Have advisor verification for proof of insurance**
- 4. Transport only himself/herself in the vehicle**
- 5. Not transport any other students attending the conference**
- 6. Remain on conference premises for full duration of each day's activities**
- 7. Not travel on any other school's bus**
- 8. Confirm, at check-in, that they are on the approved "Student Driver's List."**

I (parent/guardian) \_\_\_\_\_  
understand that my child will be transporting himself/herself to a Montana HOSA  
sponsored event. It is my understanding that my child is not covered under Montana  
HOSA's insurance until he/she is on the event premises, and only for the duration which  
he/she is on the event premises. My son/daughter has read and understands the  
provisions and requirements of the Student Driver Waiver.

Parent/Guardian Signature:

Date:

Student Signature:

Date: