FROM: Andy Ardoin  
Director, Transportation Division  
RE: Use of Calcasieu Parish School Buses by Outside Organizations  
In response to your inquiry, we are enclosing the Request for Field Trip form for your use. In the event your organization wishes to use a Calcasieu Parish school bus, the following information will be required in addition to the request form.  
(a) Certificate of Insurance evidencing "hired and non-owned" auto coverage;  
(b) Certificate of Insurance naming Calcasieu Parish School Board as Additional Insured;  
(c) Certificate of Insurance reflecting minimum limits of one million CSL;  
(d) Hold-Harmless/Indemnification Agreement (Enclosed);  
(e) Waiver of Subrogation  
The request form should be returned as soon as possible to:  
Calcasieu Parish School Board  
Transportation Department  
Post Office Box 800  
Lake Charles, Louisiana 70602  
For information regarding insurance requirements, please call Mary Landry at 217-4240 Ext.3005. Send all insurance-related correspondence to Ms. Landry at the Risk Management Department; Post Office Box 800; Lake Charles, Louisiana 70602; or FAX to 337-217-4242. Your request cannot be approved without this information.  
Your organization will have the following financial obligations:  
IN-PARISH TRIPS  
The cost of the fuel based on the last fuel cost per gallon from our fuel vendor, the rental fee of $40.00 per day, per bus, per trip, and the outside agency pays the school bus driver directly. The outside agency pays the school bus driver the same as before per the school board's policy; $12.00 show up fee plus $10.00 per hour with a minimum of $32.00.  
OUT OF PARISH  
The cost of fuel based on the last fuel cost per gallon from our fuel vendor, the rental of the school bus at $40.00 per day, per bus, per trip; $2.00 per mile round trip, per bus, per trip, and the outside agency pays the school bus driver directly based on the school board's policy as stated above.  
AA/CES
CALCASIEU PARISH SCHOOL SYSTEM
Request for Trip Approval for Parochial Schools ONLY!
(This form MUST be submitted for processing 10 school days prior to date of trip)

School: ______________________________________________________________________________
Address: ______________________________________________________________________________
City: __________________________________________________________________------------------
Contact Person: _________________________________________________________________________
Telephone: ______________________________________________________________________________
Trip Date/Time Begin: _____________________________________________________________________
Trip Date/Time End: _______________________________________________________________________
Trip Type: (Please indicate the type of trip you are requesting by checking one of the boxes below)

   Athletic ✔
   Civic/Community ☐
   Field ☐
   Scholastic ☐

Destination: _____________________________________________________________________________
Destination Address: _____________________________________________________________________
Destination City: _________________________________________________________________________
Destination State: _______________________________________________________________________
Destination Zip: _________________________________________________________________________
Estimated Total Mileage: __________________________________________________________________
Trip Purpose: __________________________________________________________________________
Number Buses Requested: __________________________________________________________________

Activity Bus Yes ☐ No ☐

Number of Students: _____________________________________________________________________
Number of Chaperones: ___________________________________________________________________

________________________________________________ ________________________________
Signature of Principal       Date

________________________________________________ ________________________________
Signature of Administrative Director     Date

PLEASE COMPLETE FORM WITH APPROPRIATE SIGNATURES AND FAX TO TRANSPORTATION AT 337-217-4331.

Building Foundations for the Future
INDEMNIFICATION/INSURANCE

Lessee ________________________________________________, herein represented by its authorized agent, ________________________________________________.

Representative of Organization

agrees to assume all the risk and responsibility in any way related to the operation, maintenance, use, loading or unloading of the Calcasieu Parish School Board vehicles and further agrees to investigate, protect, defend, indemnify and hold harmless the Calcasieu Parish School Board, its insurance carriers, its Superintendent, members, officers, agents and employees from and against any and all losses, claims, demands, debts, suits, expenses, costs, causes of action or judgment of every kind and character (hereinafter collectively called "claims"), which may be brought by anyone arising out of injury, illness or death resulting or in any way arising from the occupying, use, operation, maintenance, loading or unloading of Calcasieu Parish School Board vehicles regardless of whether such claims are based or occasioned, brought about, caused by or attributed in whole or in part to the sole or concurrent negligence, strict liability, fault or in any ways caused by the Calcasieu Parish School Board, its employees, agents, officers or members. Lessee further agrees that it shall pay any costs, expenses or attorney fees incurred by the Calcasieu Parish School Board in defending itself, its employees, agents, officers or members, should lessee fail to meet the obligations of this provision which payment shall include those costs, expenses and attorney fees brought about in enforcing this provision.

Lessee also assumes responsibility for any and all property damage caused to the vehicles caused by its use pursuant to this lease and the Calcasieu Parish School Board, its Superintendent, members, officers, agents and employees shall in no way be held responsible for such damage or consequence thereof. Lessee agrees to assume all risks and responsibility for property damage to the bus or to any other objects and agrees to indemnify, defend, protect and hold harmless the Calcasieu Parish School Board, its employees, its officers, agents and members for any such damage regardless of whether such property damage claims are based or
are occasioned, brought about, caused by or attributable in whole or in part by the sole or concurrent negligence, strict liability or fault of the Calcasieu Parish School Board, its agents, employees, officers and members.

Lessee, without limiting its liability hereunder, agrees to continuously maintain at its sole cost and expense a policy of insurance as set forth below. Lessee shall be solely liable for and shall assume any liability of Calcasieu Parish School Board, its Superintendent, members, officers, agents and employees. The limits are minimum limits only and the additional assureds, as defined below shall be entitled to the full limits of all policies actually obtained by lessee. The limits of insurance shall in no way limit the obligations of lessee under this agreement. The lessee shall maintain an automobile liability insurance policy with minimum limits equal to $1,000,000.00 per occurrence and which shall be endorsed to provide full coverage for additional assureds and to provide contractual liability coverage covering the obligations of lessee under this agreement and which policy or policies shall contain endorsements providing that the Calcasieu Parish School Board, its Superintendent, members, officers, agents and employees or additional assureds and lessee shall procure a full waiver of subrogation endorsements in favor of such additional assureds and which policy must include as an additional endorsement, non-owned and hired vehicle coverage.

All such insurance required herein shall be endorsed to provide that the insurance provided thereby shall be primary insurance as respect to the additional assured notwithstanding any excess or other insurance clauses contained therein. A certificate evidencing that the Calcasieu Parish School Board and associated personnel have been named as an additional insured will be forwarded to Post Office Box 800, Lake Charles, Louisiana 70602 and said certificate of insurance will contain not less than a thirty-day notice of cancellation.

By ____________________________________________
Representative of Organization/ Authorized Agent for Lessee

Date ____________________________________________