INGRAM ISD AG DEPARTMENT
TRAILER USAGE FORM

PLEASE PRINT

Name of Person Pulling Trailer: _____

Driver's License #: _____

Date of Birth:_____

Auto Insurance Company: _____

Policy #: _____

Expiration Date: _____

Name of Ingram ISD Student: _____

School Attending: _____

Date Requesting Trailer: _____ Pick Up Time: _____

Date Returning Trailer: _____ Return Time: _____

*****TRAILERS ARE TO BE STORED AT THE INGRAM ISD BARN. USAGE MUST BE PRE-APPROVED BY AG SCIENCE INSTRUCTORS.*****

Stock Trailer Used: Tall | Short | Exiss (circle one)

If damaged, please email an ag science teacher and include specific details.

This form needs to be sent to an ag science teacher and transportation before the trailer usage. A clear copy of the driver's current insurance card and driver's license must be attached.

Usage of trailers is subject to the ag science teacher's approval.

Date of transportation TDL check and approval: _____

I hereby release Ingram Independent School District and all of its employees and/or representatives from any and all liability and/or claims and/or causes of action, individually or collectively, for all damages or injuries which might be incurred during the use of the trailer I am using. I accept full responsibility for this trailer while in my possession, and I understand that I must completely and professionally fix any damages incurred to the trailer during usage. I also agree to completely clean the trailer after usage (this includes: sweeping, power washing, and sanitizing).

Name: _____ Signature: _____

Date: _____