

**** THIS IS NOT A REGISTRATION FORM – Please be sure to keep a copy for your records after signing** - COC# _____**

ALL STAR DRIVER EDUCATION CONTRACT

(480) 600-5640 (800) 967-7719

www.allstardrivereducation.com

This contract is entered into by and between All Star Driver Education, and

Name: _____ (High School) _____

Address _____

City _____ State _____ Zip _____

Day Time (Cell) Phone Number: _____ Evening Phone Number: _____

Student Birthday: _____ DL Permit Number (if you already have one) _____

List Class Location and Starting Date _____

The school shall provide a minimum of 4 hours of classroom instruction for a fee of \$_____ paid at the first class. Instruction shall include _____ hours of classroom time completed in the hours set by the school. The school will provide the licensed instructor and facility for instruction. No instruction shall commence until the student has paid all fees in full and has submitted a *photocopy* of his/her birth certificate to be kept by the school; it *will not be returned to the student*. **REFUND POLICY:** Upon failure on the part of the student to complete the course of instruction, a refund will be granted as follows: No refund will be issued if the student is expelled due to disciplinary problems.

Partial Payments: Initial payment may be made the first day at class; following payments must be done with the Main Office. All payments after the initial payment must be done with cash, money order or credit card (personal checks will not be accepted). Once the payment has been paid in full the certificate will be mailed from our Main Office.

Parental Permission for Driver Education Instruction: I hereby give consent for my son/daughter, as stated above, to take a complete course of Driver's Education which includes at least four hours of instruction listed in this contract. This course is conducted under the supervision of a state certified instructor.

Today's Date _____ Parent Signature _____

Additional Information Required:

Family Doctor _____ Telephone: _____

Does student have any physical and/or mental and/or learning disabilities that All Star Driver Education should be aware of? _____
If yes please explain _____

Is the student currently taking medication? _____ If yes, please explain _____

Does student wear corrective lenses? _____ Vision was last checked on? _____

Has the student ever taken Driver's Education before? _____ Has the student ever had a license suspended or revoked? _____
By signing this disclaimer, I hereby agree that my child is mentally and physically able to complete driver education training with a licensed driving instructor and does not have a mental and/or physical disability and is not taking any medication that may cause endangerment or compromise the well-being of the driving instructor or fellow classmates. .

Date: _____ Parent/Guardian Signature: _____

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**RELEASE, ASSUMPTION OF RISK AND
INDEMNIFICATION AGREEMENT**

All Star Driver Education, Inc.

I make this release, assumption of risk and indemnification agreement as parent and natural guardian or legal guardian of _____ (Children). In consideration of the Children’s participation in the driving instruction and/or road testing and any and all events or activities in relation thereto (collectively the “Activity”) permitted by All Star Driver Education, Inc. (“All Star”) and with the understanding that the Children’s participation in the Activity is only on the condition that I enter into this agreement for the Children and myself, our heirs and assigns, I hereby assume the inherent and extraordinary risks involved in the Activity, and any risks inherent in any other activities connected with the Activity in which the Children may participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death) which may occur as a result of the Children’s participation in the Activity and release from liability All Star, its and their officers, directors, agents, representatives, heirs and employees. I hereby waive any and all claims I or the Children may hereafter have as a result of any and all injuries disease or sickness (including death) to the Children as a result of the Children’s participation in the Activity. I hereby agree to indemnify all of the above named persons for any and all claims, including attorney’s fees and costs, which may be brought against any of them by anyone claiming to have been damaged as a result of any injury, sickness or disease (including death) to the Children which may occur as a result of or during the Activity. I understand that the Activity may be dangerous and that physical injury, property damage or death may result. I certify that I have read and fully understand this release. I am of lawful age and legally competent to make this agreement. I understand that I am waiving any and all claims I or the Children may have against All Star, its officers, directors, agents, representatives, heirs and employees as the result of participation in the Activity.

THIS IS A RELEASE. READ CAREFULLY BEFORE SIGNING.

Witness:_____

Dated:_____

Signature:/s/_____