

**** 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 _____

List Class Location and Starting Date _____

The school shall provide a minimum of _____ hours of behind the wheel instruction for a fee of \$_____ paid on or before the first driving lesson. Instruction shall include _____ hours of behind-the-wheel training in the vehicle. The school will provide the licensed instructor, vehicle, and fuel for the driving 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: For each hour of driving time unused, one tenth of the total tuition will be refunded. No refund will be issued if the student is expelled due to disciplinary problems.

Partial Payments: No partial payments accepted for individual driving lessons

Gas Surcharge: students will be subject to a **\$10.00 surcharge** on or before the students' first driving lesson for those students who sign up for 6 hour plus packages of driving lessons

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 _____ hours of behind the wheel instruction listed in this contract. This course is conducted under the supervision of a state certified instructor. Behind-the-wheel driving for teens is scheduled with two students in the car at the same time under the supervision of a licensed driving instructor. If unforeseen circumstances arise, however, I give permission for my son/daughter to drive with the certified driving instructor, unaccompanied by another student.

I understand that it is imperative that students arrive on time for their scheduled driving. Students who need to change a driving time must call their instructors cell phone number at least twenty-four hours in advance or a \$20.00 fee is charged.

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 the required behind-the-wheel 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 passenger. I understand that if my student does have a disability or is on medication that may endanger the well-being of the driving instructor or passenger, and I, the parent or guardian, do not disclose this information to All Star Driver Education, Inc., said company has a right to discontinue driver education for my student at any given time. I also understand that any damages caused by said student that may occur during drive times resulting in not disclosing any student disabilities and/or medications become my responsibility as a parent/guardian.

Date: _____ Parent/Guardian Signature: _____

**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/ _____