

ALL STAR DRIVER EDUCATION, INC.

Certificate Number: P000265

Program Number: _____

SEGMENT 2 CONTRACT

Office: 1011 S. Main St. Ann Arbor, MI 48104 Hours: M-F 9-5pm (734) 665-7374 (800) 967-7719

www.allstardrivereducation.com

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

Students Full Name: _____ High School _____
First Middle Last

Address _____

City _____ State _____ Zip _____ Birthdate: ___/___/___

Daytime Phone: _____ Evening Phone: _____ E-Mail: _____

Class Location Address and Dates _____

The course will consist of 6 hours of classroom instruction and shall not exceed 2 hours of instruction per day. The school will provide the licensed instructor for instruction. **For a student to take part in Segment 2, verification must be received that the student has completed a minimum of 30 hours of driving (including 2 hours at night) with a licensed parent or guardian (or parent designee) on a level 1 license, which has been held for not less than 3 continuous months.** No instruction shall commence until the student has paid all fees in full and has submitted a *photocopy* of his/her level 1 license to be kept by the school; it *will not be returned to the student*.

Make Up Days: Due to the brief length of Segment 2 students are not allowed to miss any classroom session. If an emergency case arises you will be asked to retake the entire session at no extra charge.

Requirements to Pass Segment 2: As a student you will be required to participate in all 6 hours of class including any activities. You will also be expected to pass the State Test at the end of a session with a 70% or higher. If you do not pass the State Test you will be given a chance to take it again.

Materials: If a Certificate of Completion is misplaced or destroyed, there is a \$30 fee to replace it.

NOTICE: This school is required to be licensed by the Michigan Department of State, Driver Programs Division. If you have a complaint which you cannot settle with this school, write: Michigan Department of State, Driver Programs Division, Lansing, MI 48918. Completion of driver training instruction does not guarantee qualification for a drive license.

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 instruction unused, one sixth of the total tuition will be refunded, less an additional \$20.00. No refund will be issued if the student is expelled due to disciplinary problems. There will be a \$25 return check fee for all returned checks!

The undersigned has paid for Segment II in the form of: Cash Check Credit Money Order
In the amount of \$_____ on_____.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date: _____

School Representative: _____ Date: _____

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/ _____

Address: _____