

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

I have read and understand the above policies and procedures to take part in this instruction provided by All Star Driver Education, Inc.

STUDENT NAME	STUDENT SIGNATURE X	DATE / /
INSTRUCTOR NAME	INSTRUCTOR SIGNATURE X	DATE / /

School Representative: *Boe*

NOTICE: This provider is required to be certified by the Secretary of State. If you have any complaint that cannot be settled with the provider, please complete the Driver Education Complaint form found on the Department of State website; www.michigan.gov/teedriver. Completion of driver education instruction does not guarantee qualification for a driver license.

RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

**All Star Driver Education, Inc.
(ASDE)**

In consideration of my participation in 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 my participation in the Activity is only on the condition that I enter into this agreement for myself, my heirs and assigns, I hereby assume the inherent and extraordinary risks involved in the Activity in which I may participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death), property damage and accidents which may occur as a result of my 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 may hereafter have as a result of any and all injuries disease or sickness (including death) to my person or property as a result of my 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 injured as a result of any injury, sickness or disease (including death) to me or my property which may occur as a result of or during the Activity. I understand that the Activity may be inherently 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 may have against All Star, its officers, directors, agents, representatives, heirs and employees as the result of my participation in the Activity.

THIS IS A RELEASE. READ CAREFULLY BEFORE SIGNING.

WITNESS X	STUDENT SIGNATURE X	DATE / /
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