

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

COC# _____

ALL STAR DRIVER EDUCATION, INC.

ARIZONA BTW CONTRACT

Office Location: 75 Aprill Drive, Ann Arbor, MI 48103 Hours: M-F 9-5pm (734) 665-7374 (800) 967-7719
www.allstarde.com

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

Students Full Name: _____ High School _____
First Middle Last

Address _____

City _____ State _____ Zip _____ Birth Date: ___/___/___

Day Time Phone: _____ Evening Phone: _____ E-Mail: _____

DL Permit Number: _____

Class Location _____ Start Date: ___/___/___

All Star Driver Education, Inc. (ASDE) will 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. ASDE 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: ALL refund requests for all services offered are charged a \$5 processing fee. No refunds will be given after the start of instruction.

Refunds will be processed in full if a class/service is canceled by ASDE. Refunds take 2-3 weeks to process and will be in the form of a check.

No refund will be issued if the student is expelled due to disciplinary reasons. To learn more about our discipline policy, please visit the FAQ's on our website, or contact our Corporate Office. There will be a \$30 return check fee for all returned checks!

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 student' first driving lesson for those students who sign up for a 6 hour plus package 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 the _____ hours of behind the wheel instruction listed in the 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 certifies 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 in charged.

PARENT NAME	PARENT SIGNATURE X	DATE / /
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Additional Information Required:

Family Doctor: _____ Telephone: _____

Does the student require any special accommodations to participate in the behind-the-wheel portion of the course? **Y/N**

If yes, please explain _____

Is the student currently taking medication that would affect their ability to operate a vehicle safely? **Y/N**

If yes, please explain _____

Does the student have any medical conditions that would pose a concern with the behind-the-wheel instruction? **Y/N**

If yes, please explain _____

In the last 6 months, has the student suffered from a fainting spell, blackout, seizure, uncontrolled loss of consciousness, or has a physical or mental condition that may affect their ability to operate a motor vehicle safely? **Y/N**

If yes, a letter must be provided from the student's physician indicating that the condition has been corrected and/or is under control and meets the physical and mental requirements to operate a motor vehicle safely.

Has the student ever taken Driver's Education before? **Y/N**

Has the student ever had a license suspended or revoked? **Y/N**

Does student wear corrective lenses? **Y/N**

By signing below you are agreeing to/verifying that the student's visual acuity is 20/40 corrected or better to obtain an unrestricted license.

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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 ASDE, 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.

PARENT SIGNATURE X	DATE / /
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RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

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

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 ASDE 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 ASDE, 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 ASDE, 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 X	PARENT SIGNATURE X	DATE / /
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