



INDIANA ONLINE DRIVER EDUCATION CONTRACT- Combo Package

75 Aprill Drive, Ann Arbor, MI 48103 800-967-7719 Fax: 734-665-7680

www.allstardriveredonline.com

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

Student's Full, Legal Name: \_\_\_\_\_

Parent's Full, Legal Name: \_\_\_\_\_

High School: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Parent Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Cell: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_

Student E-Mail: \_\_\_\_\_

Tuition Cost: \$ 299.00 \*Must Complete Course in 180 days

All Star Driver Education, Inc. shall provide at least a total of 30 hours of online instruction.

No instruction shall commence until the student has paid all fees in full and the student is at least 15 years of age.

Refund Policy: A refund will be offered up to the point of the student completing the course. If the student completes the course, the final exam, and is issued a certificate, we will not issue a refund.

Reasoning for Possible Denial: You may be denied at any time for enrollment to this course for any of the following reasons, if you do not meet the minimum requirements for the state of Indiana, if a student is found cheating, or if another student is caught taking the course for the registered student.

Requirements to Pass Driver Education: As a student you will be required to participate in all 30 hours of online instruction. You will also be expected to pass the final examination at the end of the session with a 80% or higher. You will be expected to complete all modules of reading and activities assigned to you throughout the session. Failure to complete these terms will result with not receiving a certificate until all requirements are met (within 180 days of starting the course).

Certificate of Completion: Students will receive a Certificate of Completion when the course is finished and they have passed the final examination with at least a 75%. If a Certificate of Completion is misplaced or destroyed, there is a \$5 fee to replace it.

Behind the Wheel: Students and parents are required to fill out a separate Behind The Wheel contract before they are able to start their behind the wheel with our instructor.

Parental Permission for Driver Education Instruction: I hereby give consent for my son/daughter, as stated above, to take and complete this course of Driver's Education which includes the thirty hours of instruction listed in this contract. This course is conducted under the supervision of a state licensed instructor. I have read and understand the above policies and procedures for my child to take part in this program provided by All Star Driver Education, Inc.

Table with 3 columns: Name, Signature, Date. Rows for Parent and Student.

\*\*Please make sure to keep a copy for your records\*\*

# 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 X	PARENT SIGNATURE X	DATE / /
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Please send this document to our Corporate Office: 75 Aprill Drive, Ann Arbor, MI 48103, email to [online@allstarde.com](mailto:online@allstarde.com), or fax to 734-665-7680

**\*Please print a copy of this completed contract and bring to your first scheduled drive. You will not be able to start driving without this contract in hand on the first drive.\***