



SAFEPASS

DRIVING SCHOOL

License # 3897 - SafePassCLE.com - 216-268-9722

5035 Mayfield Road, Suite 107 - Lyndhurst, OH - 44124

Training Agreement for Private Package Adult Students

This contract is entered into by and between Safe Pass LLC and:

Student Full Name _____

First

Middle

Last

Address _____

City _____ State _____ Zip _____

Date of Birth ____/____/____ Student Cell _____ ICE Cell _____

Tuition Cost \$_____ Class Start Date ____/____/____ Must Complete Course by ____/____/____

(180 Days after Class Start Date)

Terms: Safe Pass LLC, hereinafter referred to as "Safe Pass", agrees to provide applicant, hereinafter referred to as "Student", _____ hours of a combination of classroom and practical driving instruction. These hours of practical driving instruction are in addition to any driver education program requirements set forth by the State of Ohio. Safe Pass shall furnish a licensed Instructor and a fully-insured motor vehicle for instruction. For the safety of both students and Instructors, this vehicle may be equipped with technology that will record video, sound, and GPS location data for use in crashes, to substantiate situations of concern, and other applicable situations.

No instruction shall commence until the student has paid all fees in full and has presented a valid temporary permit.

Any additional behind the wheel training that the Student chooses to procure shall be furnished at the rate of \$60.00 per hour. Student, upon the approval of Safe Pass, may, for an additional fee of \$125.00, use Safe Pass's vehicle to take a driving exam at a State exam center located in Cuyahoga County, OH.

Cancel/Reschedule: If the student must cancel or reschedule a scheduled driving lesson, the cancellation or rescheduling must be made before a minimum of 24 hours prior to the scheduled appointment. Failure to do so will result in an additional fee of \$25.00 per hour scheduled. The same fee shall apply should the student fail to appear for, or for any reason not be prepared to take (as determined by the Instructor), the scheduled lesson. Safe Pass reserves the right to deny the Student admittance to any class or lesson if the student is tardy.

Refund Policy: All refund requests for all services are charged a \$5.00 processing fee. No refunds are permitted once the scheduling process for the instruction has begun. Refunds will be processed in full if Safe Pass cancels a class/service for which Safe Pass is not able to offer a substitution. Refunds take 7-10 business days to process and will be provided by check. No refund will be issued if the student is expelled for disciplinary reasons. Should a check received as payment be returned, the student will be removed from class and driving schedule until such check is made good. An additional fee of \$30.00 will be charged for any returned check. Upon expiration of this agreement, as indicated by the "must complete course by" date above, a reinstatement fee will be charged before any further services are provided. If training is not completed by the "must complete course by" date above, training must be restarted and, if the student and parent so choose, a new agreement signed.

Safe Pass does not guarantee the issuance of a driver license to any student or that any student will pass the road test.

Safe Pass reserves the right to cancel this agreement at any time, should the Student's conduct indicate a lack of responsibility deemed necessary by Safe Pass to safely operate a motor vehicle. Destruction of property or the possession, distribution, or use of any tobacco product (including vaping), alcohol, or drug misuse or abuse is strictly prohibited.

Health Policy: For the health and safety of the student and others, the Student acknowledges that they have reviewed and agree to follow the health policy located under the "Health" tab at SafePassCLE.com. If the Student fails to adhere to this policy, the Student may be expelled, and no refund will be provided. Students are encouraged to ask questions about the health policy if they should have them.

Fuel Policy: Student further agrees to provide \$10.00 cash to their Instructor at the start of their first behind the wheel lesson for fuel.

Certificate of Completion: Safe Pass shall not furnish a certificate of completion to any student for this package.

Completion, as defined by the State of Ohio, refers to the completion of the purchased number of hours online and the student's good faith effort having been exercised during the practical driving portion.

Commercial Driving Schools are licensed by the Department of Public Safety through the Driver Training Program Office, 1970 West Broad Street, Columbus, OH 43223.

I have read and understand and have received a copy of this agreement.

Student Name	Student Signature	Date / /
Authorizing Official Name	Authorizing Official Signature	Date / /

Additional Information Required:

Family Doctor _____

Phone : _____

Does the student have any physical and/or mental and/or learning differences that Safe Pass should be aware of? Y / N
If yes, please explain:

Is the student currently taking medication? Y / N
If yes, please explain:

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.

Has the student ever taken driver education before? Y / N
Has the student ever had a license or permit suspended or revoked? Y / N

By signing this disclaimer, I hereby agree that I am mentally and physically able to complete the required behind the wheel training with a licensed Instructor and do not have a mental and/or physical disability and am not taking any medication that may cause endangerment or compromise the well-being of the Instructor or passenger. I understand that if I do have a disability or am on medication that may endanger the well-being of the Instructor or passenger, and I do not disclose this information to Safe Pass LLC, said company has a right to discontinue driver education for me at any given time. I also understand that any damages caused by me that may occur during drive times resulting in not disclosing any disabilities and/or medications become my responsibility.

Student Name	Student Signature	Date / /
--------------	-------------------	-------------

RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

I make this release, assumption of risk and indemnification agreement. In consideration of my participation in the driving instruction and/or road testing and any and all events or activities in relation thereto (collectively the "Activity") permitted by Safe Pass LLC ("Safe Pass") 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, and any risks inherent in any other activities connected with the Activity in which I 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 my participation in the Activity and release from liability Safe Pass, 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 me 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 damaged as a result of any injury, sickness or disease (including death) to me 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 may have against Safe Pass, 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 Signature	Student Signature	Date / /
-------------------	-------------------	-------------