



Commercial Driving Schools are licensed by the Department of Public Safety through the Driver Training Program Office, 1970 West Broad Street, Columbus, OH 43223. Valuable information for parents and teenagers is available online at [www.drivertraining.gov](http://www.drivertraining.gov) under Parents and Teens.

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

Parent Name	Parent Signature	Date / /
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's 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 my child is mentally and physically able to complete the required behind the wheel training with a licensed 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 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 Instructor or passenger, and I, the parent or guardian, do not disclose this information to Safe Pass LLC, 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 Name	Parent Signature	Date / /
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# RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

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 Safe Pass LLC ("Safe Pass") 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 Safe Pass, 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 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	Parent Signature	Date / /
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