

Drive Right Academy

Accident-Prevention, Traffic Safety and Defensive Driving Education For First-Time Drivers
INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD HARMLESS, INDEMNIFY AND DEFEND

Drive Right Academy, LLC, is an Idaho State Licensed driver training school. All driving instructors are professionally trained driving instructors, licensed by the State of Idaho. All employees have been subjected to a background check by the Idaho State Patrol. In the regular course of providing driver education, Drive Right Academy utilizes a company owned and insured vehicle. This vehicle will be driven by all students under the direct supervision of a Drive Right Academy Professional Driving Instructor. I, (Print Name) _____ wish to be a passenger in a Drive Right Academy vehicle. I recognize that I will be exposed, not only to routine risks of vehicular travel, but will be exposed as well to all inherent dangers arising from being a passenger with other new drivers as well as myself learning to drive, which could cause me property damage, personal injury and/or bodily injury including death. For and in consideration of permission to be a passenger in a Drive Right Academy vehicle, and Drive Right Academy relying materially thereon in granting such permission, I agree to release, forever discharge and hold harmless Drive Right Academy, its administrators and employees from any liability or claim of liability which might arise out of my presence in an Drive Right Academy vehicle. I further agree to defend Drive Right Academy, its administrators and employees at no cost to Drive Right Academy, against any claim of liability and/or cause of action asserted against them arising out of my presence in a Drive Right Academy vehicle and/or associated driver's education training activity.

Signed _____ Date _____

Note: If Passenger/Student is a minor, the following portion must be completed.

PARENT/LEGAL GUARDIAN PERMISSION AND ASSUMPTION OF LIABILITY

As Parent/Guardian I, (Print Name) _____ hereby grant my permission for the above named minor child to participate in the above referenced activity. I acknowledge, agree and understand that said participation involves risks and inherent dangers that may cause injury and/or death. On behalf of myself and the minor child above I agree release and forever discharge Drive Right Academy and to assume the liability and obligation referenced above.

Signed _____ Date _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

As the Passenger or the Parent/Legal Guardian of the above minor child I, (Print Name) _____ authorize qualified emergency medical personnel, including a physician and staff, to examine myself (Passenger), or the above named minor child, in the event of injury, and to administer emergency care and to arrange for any consultation by a specialist, including a surgeon as deemed prudent for proper care of any injury. In the case of a minor child, every effort will be made to contact the Parent/Legal Guardian prior to any treatment.

Signed _____ Date _____

Address _____ Phone Number _____

Student _____ Age _____ Date of Birth _____

Address _____ City _____

Telephone Numbers: Home _____ Parents Business _____ Parent's Cell _____

The student listed above has been authorized to ride in a Drive Right Academy vehicle for the purpose of traffic safety education.

Authorizing Adult Signature: _____ Date _____