

**PART ONE : WAIVER AND RELEASE FOR ALL PARTICIPANTS** The undersigned participant, and parent or legal guardian, if the participant is under the age of eighteen (18), acknowledges that the participant has permission to operate a vehicle. In consideration of permission to participate in the beginner driver course, the participant does hereby execute this waiver and release for himself, his heirs, successors, his representatives, and assigns and hereby agrees and represents as follows: To release Driving School, its employees, the Department of Public Safety, State of Ohio, its employees, agents, and any other organizations affiliated with this course from any and all liability, loss, damage, costs, claims, and/or courses of action, including but not limited to all bodily injuries and property damage arising out of the course; it being specifically understood that the participant voluntarily assumes the risk of any injury while participating in the beginner driver course. The undersigned further agrees to hold the driving school, its members, employees, agents and representatives harmless for any liability loss, damage, costs, claims result of the undersigned's participation in said course. The release form liability shall include attorneys fees incurred in defending against any claim or judgment and incurred in negotiating any settlement. It is understood and agreed that the undersigned shall have the opportunity to consent to any such settlement, provided, however, that such consent shall not be unreasonably withheld; The undersigned further states: (1) awareness of the fact that the aforesaid activity is an inherently dangerous activity, that (2) assumes the risk of any injury while participating in such activity, that (3) if participant is of legal age to drive and is competent to sign this waiver and release and (4) that participant and parent/guardian if participant is under age eighteen (18) has read and understood all the provisions contained herein. It is also understood that if the student appears to be in a decreased state of mind due to a mental or physical condition that the lessons may be cancelled or postponed until student is better able to participate in class and/or operate a vehicle safely.

X \_\_\_\_\_  
**SIGNATURE OF PARTICIPANT (STUDENT)** **Date**

X \_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN/CUSTODIAN (required if participant is under age 18)** **Date**

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**PART TWO: STUDENT MEDICAL INFORMATION : STUDENT DATE OF BIRTH** \_\_\_\_\_

**PRINT STUDENT NAME:** \_\_\_\_\_

**HOME STREET ADDRESS:** \_\_\_\_\_

**PRINT NAME OF PARENT OR GUARDIAN:** \_\_\_\_\_

**CONTACT INFORMATION IN CASE OF ILLNESS OR INJURY: (parent/guardian required if under age 18)**

**1st CONTACT -= PARENT/GUARDIAN PHONE NUMBER :** \_\_\_\_\_ **ALT #** \_\_\_\_\_  
 Additional telephone numbers of authorized persons to contact if your child is ill or injured.

**2st CONTACT's NAME:** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**3rd CONTACT's NAME:** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION (please clearly mark your decision with your initials)**

\_\_\_\_\_ **YES**, I authorize consent for emergency medical treatment  
 \_\_\_\_\_ **NO, I DO NOT** authorize consent for emergency medical treatment

**EMERGENCY SURGERY AUTHORIZATION (please clearly mark your decision with your initials)**

\_\_\_\_\_ **YES**, I authorize consent for emergency surgery following two doctors opinions  
 \_\_\_\_\_ **NO, I DO NOT** authorize consent for emergency surgery following two doctors opinions

**Please list any information concerning the participant's medical history, including allergies, medication being taken and any physical impairments, or other conditions that we should be aware of.**

X \_\_\_\_\_  
**SIGNATURE (of parent/guardian if student is under age 18)** **DATE**