



DRIVER REGISTRATION FORM

Student Information:

Name:
Address:
Cell:
Drivers License/Permit Number:
Expiration Date:
Date of Birth:
Age:
Has the student taken the road test? If so, how many times?
Are there any medical conditions that could impact the student's ability to drive such as vision, seizures, or diabetes?

Parental/Guardian Information (If under 18 years of age)

Name(s):
Cell:
Email:

Please check when you have read and understand the follow:

- ☐ I understand the student will be driving on parking lots, streets, and highways in Boone County.
- ☐ I understand the student and instructor will be recorded during the lesson by an in-car camera.
- ☐ I understand I am under no obligation to continue lessons. Driving instruction is on a lesson by lesson basis and may be terminated at any time by the student or instructor.
- ☐ I understand lessons are scheduled in hour and a half increments and cost \$125. There are no volume discounts and payment is due at the time of the lesson. Payment may be made by check, credit card, or cash.
- ☐ I understand I can use the instructor's car for testing for the cost of a lesson (\$125) but only after the instructor agrees the student has passed a mock driving exam.
- ☐ I understand driving can be a dangerous activity and crashes can occur. There is always a risk of injury or death when operating a motor vehicle. I will not hold the instructor or company liable should injury be incurred while learning to drive.

Signature of Adult Student/Parent/Guardian

Date