

**Motor Vehicle Academy, LLC**

PARETN/GUARDIAN NAME

STUDENT NAME

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission to the employees of Motor Vehicle Academy, LLC to provide Behind –the-Wheel instruction to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during the COVID-19 state of emergency.

STUDENT NAME

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During each lesson \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will follow the PPE guidelines;

* I will wear face covering (mouth and nose covered) at all times.
* Eye protection (indirectly vented goggles) is strongly recommended.
* I will use Hand Sanitizer before and after each lesson.
* Windows will be rolled down, whenever safe to do so, to maintain fresh air circulation
* I understand that training vehicles will be cleaned and sanitized after every training session.



\_\_\_\_\_\_\_\_\_\_\_\_DATE



\_\_\_\_\_\_\_\_\_\_\_\_\_DATE

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