Washington Driver Education Center 101

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**Our Mission is to provide a healthy learning environment while creating safe and responsible drivers for LIFE**

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**INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD HARMLESS, INDEMNIFY AND DEFEND**

Washington Driver Education Center 101 LLC, hereinafter referred to “WADEC101”, is a Washington State Licensed driver training school. All driving instructors are professionally trained driving instructors, licensed by the State of Washington. All employees have been subjected to a background check by the FBI and Washington State Patrol. In the regular course of providing driver education, WADEC101 utilizes a school owned and insured school vehicle. This vehicle will be driven by all students under the direct supervision of a WADEC101 Professional Driving Instructor.

I, (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_wish to be a passenger in a WADEC101 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 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 WADEC101 vehicle, and WADEC101 relying materially thereon in granting such permission, I agree to release, forever discharge and hold harmless WADEC101, its Administrators and employees from any liability or claim of liability which might arise out of my presence in an WADEC101 vehicle. I further agree to defend WADEC101, its Administrators and employees at no cost to WADEC101, against any claim of liability and/or cause of action asserted against them arising out of my presence in a WADEC101 vehicle and/or associated driver’s education training activity.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please complete back side of form!**

**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 WADEC101 and to assume liability and obligation referenced above.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

As the Passenger of the Parent/Legal Guardian of the above minor child, (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 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD HARMLESS, INDEMNIFY AND DEFEND**

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student listed above has been authorized to ride in a WADEC101 vehicle for the purpose of traffic safety education.

Authorizing Adult Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Official Use Only**

List below any remarkable occurrences that happen during any ride: