



PREMIUM DRIVING SCHOOL, INC.

STUDENT AND MINOR CONSENT AND ACTIVITY PERMISSION FORM

STUDENT'S NAME: _____ **DATE OF BIRTH:** _____

Activity: Behind The Wheel Driving Lessons

Beginning Date of Lesson/s: _____

Instructor Name: Patrick Brown

Driving School: Premium Driving School DMV School No. E2283

I consent to (or consent to and authorize my child to) participate in Behind the Wheel Driving Lessons through Premium Driving School, Inc. I do not (my child does not) have a medical condition or disability, such as seizures or fainting, that would limit the student from being able to be licensed to drive by the California Department of Motor Vehicles or that would make behind the wheel driving dangerous to the student or others.

As a condition of participating in this activity, I hereby release and discharge Premium Driving School, Inc., its instructors, drivers, employees, officers, contractors from any and all claims for personal or physical injuries, wrongful death or property damage that I (or my child) may suffer as a result of participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive) of Premium Driving School, Inc., its instructors, drivers, employees, officers or contractors. Premium Driving School, Inc. carries all liability insurance coverage as required by the California Department of Motor Vehicles.

Should it be necessary for me (or my child) to have medical treatment while participating in this activity, I hereby give Premium Driving School, Inc. permission to use their judgment in obtaining medical service and/or treatment from emergency first responders or medical personnel. I agree to relieve Premium Driving School, Inc., its instructors, drivers, employees, officers or contractors from any liability in connection to any medical services or treatment rendered to the student.

Adult Student Signature _____ Date

Parent/Guardian Signature (if applicable for minor driver) Date

Best Phone Number

Person to Notify in case of Emergency:

Name: _____ Best Phone Number: _____

No refunds given on payments made. \$50 cancellation fee unless 24 hours notice is given. All appointments must be scheduled and paid for in advance.