



Student Information:

Name: _____

Address: _____

Contact Number: _____ Email: _____

Date of Birth: _____ Age: _____

Driver's License/Permit Number: _____

Date Acquired: _____ Expiration Date: _____

Has the student taken the road test? Yes/No If so, how many times? _____

Are there any medical conditions that could impact the student's ability to drive? (i.e., vision, seizures, or diabetes).

Emergency contact information:

Name: _____ Contact Number: _____

Relationship to student: _____

Parent/Guardian Information (If under 18 years of age):

Name: _____

Contact Number: _____ Email: _____

Relationship to student: _____

How did you hear about us? _____

Disclaimer:

Please read and place a mark in the circle that you understand the following:

- I understand that I must have obtained the State of Missouri Instruction Permit and I must carry it at all times while driving.
- I understand the student and the instructor will be recorded by an in-car camera. Footage will not be shared or viewed by anyone other than the instructor unless needed for incident purposes.
- I understand the student will be driving on public roads, highways, and parking lots.
- I understand that lessons are scheduled individually or as a package.
- I understand that payments for lessons are paid in advance.
- I understand that packages are available and can be discounted at a pre-paid rate.
- I understand that there is 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 that there are no refunds.
- I understand that I can use the instructor's car for testing at the cost of \$100.00 but only after the instructor agrees that the student has passed a mock driving exam.
- I understand and agree 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