

# Mr. Jones' Driving Academy

## INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD HARMLESS

Mr. Jones' Driving Academy LLC, is an Idaho State Licensed driver training school. All driving instructors are professionally trained driving instructors, licensed by the State of Idaho. All employees have been subjected to a background check by the Idaho State Patrol. In the regular course of providing driver education, Mr. Jones' Driving Academy utilizes a company owned and insured vehicle. This vehicle will be driven by all students under the direct supervision of a Mr. Jones' Driving Academy Professional Driving Instructor.

I, (Print Name) \_\_\_\_\_ wish to be a passenger in a Mr. Jones' Driving Academy 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 as 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 Mr. Jones' Driving Academy, I agree to release, forever discharge and hold harmless Mr. Jones' Driving Academy, its administrators and employees from any liability or claim of liability which might arise out of my presence in a Mr. Jones' Driving Academy vehicle.

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

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

### 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 to release and forever discharge Mr. Jones' Driving Academy LLC and it's instructors of any liability and to assume the liability and obligation referenced above.

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

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

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

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

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

Telephone Numbers: Home \_\_\_\_\_ Parents Business \_\_\_\_\_ Parent's Cell \_\_\_\_\_

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

Authorizing Adult Signature: \_\_\_\_\_ Date \_\_\_\_\_