

## Yankee Driving School Enrollment Form

To reserve your space in this course please return this form and \$100 deposit to:

**Yankee Driving School    239 Creek Road    Wallingford, VT 05773**

<b>STUDENT NAME:</b> (as it appears on Driver's Permit)	
Driver Permit Number:	DOB:
Address:	
City:	
Phone (home):	Phone (cell):
Other Phone?	
Email:	

<b>Parent or Person Responsible</b> <b>Name:</b>	
Address (if different from above):	
City:	
Phone (home):	Phone (cell):
Phone (work):	
Email:	

<b>Please circle below any physical and/or medical imitations the student may have:</b>					
<b>Hearing Problems</b>	<b>YES</b>	<b>NO</b>	<b>Rheumatic Fever</b>	<b>YES</b>	<b>NO</b>
<b>Vision Problems</b>	<b>YES</b>	<b>NO</b>	<b>Epilepsy</b>	<b>YES</b>	<b>NO</b>
<b>Diabetes</b>	<b>YES</b>	<b>NO</b>	<b>Fainting Spells</b>	<b>YES</b>	<b>NO</b>
<b>Heart Trouble</b>	<b>YES</b>	<b>NO</b>	<b>Paralysis/ numbness</b>	<b>YES</b>	<b>NO</b>
<b>Orthopedic Problems</b>	<b>YES</b>	<b>NO</b>	<b>Cerebral Palsy</b>	<b>YES</b>	<b>NO</b>
<b>Chronic Illness</b>	<b>YES</b>	<b>NO</b>	<b>Asthma</b>	<b>YES</b>	<b>NO</b>
<b>Allergic Reaction</b>	<b>YES</b>	<b>NO</b>			
<b>PLEASE DESCRIBE BELOW ANY OTHER MEDICAL CONDITIONS OR CONCERNS THAT MAY AFFECT THE STUDENT'S IN-CAR PERFORMACE OR LIMIT CLASSROOM ACTIVITES/PARTICIPATION</b>					

**Amount Paid:** \_\_\_\_\_

**Balance Due:** \_\_\_\_\_

## Yankee Driving School Enrollment Form

<b>Please indicate (check box) for the class you wish to enroll.</b>	
The Sharon Academy (Winter) *Checks made out to TSA and sent to Janice Stumpf at TSA. See TSA tab.	<input type="checkbox"/> FULL
Norwich (Winter/Spring)	<input type="checkbox"/> FULL
The Putney School (Winter/Spring)	<input type="checkbox"/>
Stratton Mountain Ski School (Spring)	<input type="checkbox"/>
The Sharon Academy (Summer) *Checks made out to TSA and sent to Janice Stumpf at TSA. See TSA tab.	<input type="checkbox"/>
Norwich (Late Summer)	<input type="checkbox"/>
Long Trail School (Fall)	<input type="checkbox"/>
Rutland REC Dept (Fall) *Checks made out to Rutland Rec Dept. Apply online or by mail. See Rutland tab.	<input type="checkbox"/>
Private Adult Lessons	<input type="checkbox"/>
Vocational Rehabilitation Lessons	<input type="checkbox"/>
VSAC Lessons	<input type="checkbox"/>

**Additional Notes:**

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# Yankee Driving School

## Release of Liability, Waiver of Claims, Assumptions of Risks and Indemnity Agreement

### Definitions in this Agreement:

- A. The term "driving instruction and activities" shall include an instruction provided by any agent, employee, or substitute of Yankee Driving School. It Also includes all activities, services, and use of vehicles, either provided by or arranged by Yankee Driving School. This definition also includes activities which are in any way related to either driving, stopping for any reason, classroom instruction, waiting for class to start, waiting after classes, movement in and around vehicles, and any other activities **occurring because of class or driving related to driving times or class time.**
- B. The term "agents" shall include an instructor, owner, subcontractor, substitute or other aid for Yankee Driving School.

### Assumption of Risk:

I am aware that driving, learning to drive, and any activity associated with this course involves risks, dangers, and hazards as well as the potential for serious injury and crashes.

- I. Student: I fully assume all such risk, dangers and hazards and the possibility of personal injury, death, property damage, or loss resulting there from.
- II. Parent: I fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage, or loss resulting there from to my child or student I am responsible for.

### Release of Liability, Waiver of Claims, and Indemnity Agreement

In consideration of the agents and Yankee Driving School allowing me/my child to participate in Driver Education, I hereby agree as follows:

- 1. TO WAIVER ANY AND ALL CLAIMS that I have or may have in the future against the agents and/or Yankee Driving School and TO RELEASE these agents and Yankee Driving School from any and all loss, damage, expense, or injury including death that I or my child my suffer as a result of driving instruction and activities. DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATURORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, R.S.BC. 1996, c. 337, ON THE PART OF THE AGENTS, AND INCLUDING THE FAILURE ON THE PART OF THE AGENTS TO SAFEGUARD OR PROTECT ME/MY CHILD FROM THE RISKS, DANGERS AND HAZARDS OF DIVING.
- 2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my/my child's participation in Driver Education, Driving Instruction, or activities.
- 3. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death/childs's death or incapacity.
- 4. This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed and interpreted solely in accordance with the laws of Vermont and no other jurisdiction.
- 5. I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE AGENTS. In signing this agreement I agree to not bring any lawsuit against Yankee Driving School or any of its agents.

**PARENTS SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(OR RESPONSIBLE PARTY)

**STUDENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_