

DOLLAR DRIVING SCHOOL, INC.

"THE SHARPER DRIVER" CAR CONTROL CLINIC REGISTRATION PACKET

Packet Includes:

**General Info Registration Form
Release & Waiver Form
Medical Information Form**

**Release & Consent Form
Dollar Driving School**

**Dollar Driving School Release and Waiver of Liability
To be signed by Parent or Guardian if student is under 18 years of age.**

I hereby release, acquit, and forever discharge Dollar Driving School, Inc. and Los Angeles Valley College, their officers, members, employees, volunteers, lessors, associates, successors or assigns from any and all liability, claims, demands or causes, which may arise from my attendance, participation and or instruction in a Dollar Driving School event or from any injury sustained by me, whether or not due to negligence of any kind.

Signed by Participant if 18 years or older:

Signed by Parent or Guardian of Participant under 18 years of age:

Printed Name of Participant:

Date of Signature: _____ Event Date: _____

**Dollar Driving School
Release, Consent and Waiver of Claims**

Event: Teenage Car Control Clinic Date: _____

I hereby consent, give and grant to you the right to photograph my physical likeness in any manner you desire, use my name, and the right to reproduce my voice (or substitute and dub in foreign languages the voice of others) for use in and in connection with promoting, advertising, marketing of pictures or stories related to participation in Dollar Driving School Car Control on this date, and the exhibition of such pictures/video theatrically, by television, or by any other means now existed or hereafter used or conceived. I expressly understand and agree that the pictures/videos, films, recordings, prints and copies thereof and all rights therein, and all results and proceeds of my appearance in connection therewith shall be your sole and absolute property for any and all purpose whatsoever in perpetuity, and you, your licensees, agents, representatives, successors and assigns shall have the unlimited right throughout the world to exhibit said pictures/videos or any part thereof, and by any manner or means, including, but not limited to, the right to rerun said pictures/videos on television and to exhibit the pictures/videos theatrically throughout the world subject to no further payment or obligation whatsoever.

I further consent, give and grant you the right to use my name and/or likeness and/or biographical data, for use in and in connection with the credits, advertising and exploitation of said pictures/videos.

I warrant that I am an adult and have every right to enter into this agreement or if under the age of 18, agreement is being signed by parent or authorized agent to minor child. Nothing contained herein shall obligate you to use my name or likeness or anything else granted herein.

I hereby acknowledge that you, your employees, your agents, your agents' employees, and representatives have made no promised, expressed or employed, oral or written, or otherwise except as contained herein.

Signature of Participant: _____

If under 18, Signature of Parent or Authorized Agent:

Relationship to Participant: _____

Date of Signature: _____ **Witness:** _____

**Dollar Driving School
Medical Information Form**

CONFIDENTIAL

Please complete this form and seal in an envelope prior to arrival at registration. Print your name on the envelope. The envelope will only be opened in case of emergency. If you wish, the envelope can be returned to you following your last session.

Name: _____ Date: _____

Age: _____ Date of Birth: _____ Blood Type: _____

Address: _____

City, State, Zip Code: _____

Emergency Contact Numbers: _____ or _____

Name of Contact: _____ Relationship: _____

Insurance Carrier: _____ Policy #: _____

Known allergies: _____

Do you wear contacts or glasses: _____?

Date of last tetanus booster: _____

Do you wear any prosthetic devices or have removable dental appliances, please list:

Significant health problems that may affect you at the event:
Please list any medications you are currently taking:

**Dollar Driving School
Car Control Clinic Registration**

Please know that all the information you provide is held by us in the strictest confidence and is not released to anyone at anytime.

Location: _____ Event Date: _____

Student Information

First Name: _____ Last Name: _____ Date of Birth: _____
Street Address: _____ City: _____ State/Zip: _____
Day Phone: _____ Evening Phone: _____ Fax: _____
Email Address: _____ Driver's License #: _____
Permit #: _____

Vehicle Information

Make: _____ Model: _____ Color: _____
Year: _____ ABS Brakes: (Y/N) _____ Traction Control: (Y/N) _____
Personal or Family Vehicle: _____ Front Wheel Drive: _____
Rear Wheel Drive: _____ All Wheel Drive: _____

Parent/Guardian Information

First Name: _____ Last Name: _____
Street Address: _____ City: _____ State/Zip: _____
Day Phone: _____ Evening Phone: _____ Fax: _____
Email Address: _____

As Parent/Guardian I hereby authorize my child to participate in a Dollar Driving School Car Control Clinic. For all students under the age of 18, please bring this form with your Parent/Guardian signature to the class.

Signature: _____ Relationship: _____

Payment Information

Name on Card: _____

Payment Method*: _____ Exp. Date: _____

Security Code: _____ Credit Card Number: _____

Billing Address: (If different from above)

I am applying for: [Please Choose Your Package Below]

- _____ \$450.00 - Advanced Driving Course
- _____ \$600.00 - Parent & Teen Advanced Special Training Course
- _____ \$880.00 - Driver Training and Advanced Driving Course

Bundle 3 Courses and Save

- _____ \$880.00 - Classroom Drivers Ed
On Street Driving
Advanced Course
- _____ \$880.00 - Online Drivers Ed
On Street Driving
Advanced Course

**Please fill out this form and Fax to: 818-264-0522
Or Call Dollar Driving School - 818 264-0555**