

iDrive HH Driving School
800 Park Office Dr. # 3319
Research Triangle Park, 27709
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iDRIVE HH DRIVING SCHOOL, LLC
www.iDriveHH.com

SCHOOL _____
GRADE _____
16th BIRTHDAY _____
SESSION DATE _____

Contract
(17 YEARS and Under)

NAME _____ DATE: _____
(STUDENT NAME) FIRST MIDDLE LAST

ADDRESS _____ TELEPHONE _____
STREET CITY STATE ZIP CODE

PARENT's SIGNATURE _____ EMAIL _____

This contract between i Drive HH Driving School, hereinafter called the School, and Parent/Student hereinafter called the Student, covers a course in Driver Education, which includes hours of behind-the-wheel instruction. The fee for the course varies for the following: 30hr Classroom & 6hr BTW - Classroom Only or BTW Only \$ _____, if mailing payment, please send check or money order with students name in memo to (Attn: Ryan Spells, 2101 Hillock Dr, NC, 27612

The school and the parent/student agree to the following terms and conditions:

1. All Fees must be paid in advance by one of the following forms of payment:
Credit card/Debit card from our website <https://www.idrivehh.com/teens-lessons>,
personal check or money order. There will be a \$50.00 service charge on all returned checks.
2. If you cannot keep your scheduled BTW (behind the wheel) appointment please notify the instructor at least (24) hours in advance if possible.
3. Behind the wheel instruction is conducted by appointment only and there will be a (\$ 30.00) dollar service charge for any appointment he/she does not meet, unless the school is given at least (24) hours notice
4. Certificate of completion will be not be issued until all fees have been paid in full. Student's must pass a vision test and meet his/her Restricted Learners Permit requirement prior to starting his/her behind-the-wheel training.
5. The School will complete the course within a reasonable length of time; however, it cannot be held responsible for delays caused by unsafe driving conditions due to bad weather, mechanical problems, or any other reasons over which it has no control. The School will give as much notice as possible, if any delays become necessary.
6. The Parent/Student understands that certain hazards and risks are inherent in the operation of motor vehicles. The Parent/Student does hereby specifically assume all risks as may be incurred in the normal operation of a motor vehicle during the course instruction. All vehicles are fully covered with Liability insurance. The Parent/Student hereby FULLY and COMPLETELY releases the School, its agents and employees, from any liability whatsoever, and from ANY and ALL claims or causes of action resulting or arising from any damage or injuries suffered by the Student during this course or any extension thereof, to the extent that such claims shall not be covered by the School's insurance coverage. The Parent/Student hereby further agrees to indemnify and hold the School harmless from any claim made against it for any damage or injury suffered by any person, company, corporation or other entity, growing out of the Student's operation of a School vehicle, or as a result of the Student's course of instruction, to the extent that such a claim isn't covered by the School's insurance coverage.
7. The fees contained herein cannot be guaranteed longer than (90) days from the beginning date of the course.

8. If the student is less than eighteen (18) years of age, a parent or guardian must sign this contract.
9. Under this agreement an instructor may not provide behind-the-wheel training to more than three individual students.
- I. The accuracy of this information is necessary for us to provide you with the best service possible. If this information is inaccurate or not disclosed prior to the beginning of the behind-the-wheel training, the Parent/Student bears full legal responsibility for any damage or injuries suffered by the Student or others as a result of the Student's operation of a school vehicle, as well as any consequent claims or causes of action resulting from it. Failure to disclose this information may lead to immediate termination of the contract.

a seizure disorder
 Diabetes
 Heart trouble
 Paralysis
 Fainting
 Dizzy spells

II. Do you / the Student have any physical or mental disability? If you mark Yes, specify the nature of disability here:

This contract constitutes the entire agreement between the School and the Parent/Student and no verbal representation, assurances or promises not contained herein shall bind the School or the Student. By signing below, I understand and agree to all promises, requirements, terms, conditions, representations, guarantees, and warranties of this contract. I certify that I have read the above disclosures and that the information given is true to the best of my knowledge.

PARENT: _____

Parent's Signature

Printed Name of Student

Date: _____