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

GRADE\_\_\_\_\_\_\_16th BIRTHDAY \_\_\_\_\_\_

SCHOOL

Felephone: 919.205.4115	Coi	Contract		SESSION DATE	
Cell: 919.279.8258	(17 YEAR	(17 YEARS and Under)			
NAME				_ DATE:	
(STUDENT NAME) FIRST	MIDDLE		LAST		
ADDRESS				TELEPHONE	
STREET	CITY	STATE	ZIP CODE		
PARENT's SIGNATURE			_EMAIL		

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. Re-Issued Lost Certificate fee is \$75.00
- 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. course	The fees contained herein cannot be guaranteed longer than (90) days from the beginning date se.	of the
8.	If the student is less than eighteen (18) years of age, a parent or guardian must sign this contrac	t.
9. individ	Under this agreement an instructor may not provide behind-the-wheel training to more than the ridual students.	ree
10.	The School will not refund any tuition monies or any part thereof when actual sevices have been	n rendered.
11.	This school is licensed by the State of North Carolina, Division of Motor Vehicles.	
12. assura	This agreement constitutes the entire contract between the school and the student, and any verances or promises not contained herein shall bind neither the school nor the student.	rbal
info Pare resu resu	ne accuracy of this information is necessary for us to provide you with the best service possible. If the formation is inaccurate or not disclosed prior to the beginning of the behind-the-wheel training, the arent/Student bears full legal responsibility for any damage or injuries suffered by the Student or sult of the Student's operation of a school vehicle, as well as any consequent claims or causes of accurately suffered by the Student or sulting from it. Failure to disclose this information may lead to immediate termination of the coral a seizure disorder Diabetes Heart trouble Paralysis Fainting Dizzy	ne others as a ction ntract.
II. Do	Do you / the Student have any physical or mental disability? If you mark Yes, specify the nature of dere:	disability
represo below, warran	contract constitutes the entire agreement between the School and the Parent/Student and no vertesentation, assurances or promises not contained herein shall bind the School or the Student. By w, I understand and agree to all promises, requirements, terms, conditions, representations, guara anties of this contract. I certify that I have read the above disclosures and that the information given best of my knowledge.	signing intees, and
PAREN		
	Parent's Signature Printed Name of Student	
Date: _	::	