

Student Vehicle Use Agreement and Acknowledgement Form

List of Steps Students must complete

*Driver's Name: _____
*Address: _____
*City, Province and PC: _____
*Date of Birth: _____
*Phone: _____
*License # _____

*This information is required to run the MV

Type of Vehicles Driven (circle all applicable):

Car	Yes	No
Van	Yes	No
Other	Yes	No

Have you ever been in a motor vehicle accident where you were the driver or have you been cited for a moving violation?

Yes No

If yes, please explain:

This Student Vehicle Use Agreement and Acknowledgement is a legal agreement executed in favor of the Fourwinds Driving School, its affiliated organizations, trustees, directors, offices, employees and agents (School). Please read this document carefully before signing.

Student Vehicle Use Agreement and Acknowledgement Form

I, _____, acknowledge that I freely and voluntarily have agreed to participate in my Driving lessons/training facilitated or organized by Services BC and I have requested the privilege of use of the Fourwinds Driving School's training/vehicle as part of my training. In doing so, I agree to the following:

1. Safe Driving Requirement and Student Vehicle Loss Prevention Program Acknowledgement

I acknowledge that I am to operate the Fourwinds Driving School's vehicle in a safe, responsible manner and in compliance with the law. I have no physical or mental condition that will impair my ability to drive in a safe manner. I acknowledge that I have read, understand and will follow the guidelines put forth by the Fourwinds Driving School. I understand that any violations of these guidelines will subject me to disciplinary procedures as determined by the Fourwinds Driving School.

2. Knowledge of Risks

I understand that driving a motor vehicle may involve risks of injury, including death, I recognize that there may be unavoidable and unforeseeable risks involved in my participation herein. I further agree that my participation in any activity will be at my own discretion and judgment. I voluntarily assume the risk of injury or harm to myself or my property while driver training or examinations. .

3. General Waiver and Release of Liability

I hereby release, waive and discharge the Fourwinds Driving School, its affiliates, and their respective trustees, officers, agents and employees from any and all liability, claim, damages and losses arising out of or in connection with my operation of a vehicle, including, without limitation, any loss, damage or injury arising while traveling to and from cities and towns within and outside of the Province of BC, which may result in an accident, sickness, injury or death or other circumstances beyond the control of the School. I certify that I or my insurance will be responsible for the costs of medical services that might be necessary due to accidents, illnesses or injuries I may face while driver training or examinations, including medical transportation if required. I understand that it is my responsibility to learn what services my health insurance will and will not cover.

It is my express intent that this Acceptance of Risk Agreement shall bind the members of my family, my heirs and assigns. This agreement shall be construed in accordance with the laws of British Columbia and Canada.

I have read and fully understand the above Agreement and Acknowledgement Form.

Signature (Participant or Guardian):

Date:
