

RULES OF THE ROAD DRIVING SCHOOL

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Accident-Prevention, Traffic Safety and Defensive Driving Education

For First-Time Drivers

INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD HARMLESS, INDEMNIFY AND DEFEND

Risk Reduction Management, LLC, DBA Rules of the Road Driving School, hereinafter referred to as "RORDS", is a Washington State Licensed driver training school. All driving instructors are professionally trained driving instructors, licensed by the State of Washington. All employees have been subjected to a background check by the FBI and Washington State Patrol. In the regular course of providing driver education, RORDS utilizes a school owned and insured school vehicle. This vehicle will be driven by all students under the direct supervision of a RORDS Professional Driving Instructor.

I, (Print Name) _____ wish to be a passenger in a RORDS vehicle. I recognize that I will be exposed, not only to routine risks of vehicular travel, but will be exposed as well to all inherent dangers arising from being a passenger with other new drivers as well as myself learning to drive, which could cause me property damage, personal injury and/or bodily injury including death. For and in consideration of permission to be a passenger in a RORDS vehicle, and RORDS relying materially thereon in granting such permission, I agree to release, forever discharge and hold harmless RORDS, its Administrators and employees from any liability or claim of liability which might arise out of my presence in an RRDS vehicle. I further agree to defend RORDS, its Administrators and employees at no cost to RORDS, against any claim of liability and/or cause of action asserted against them arising out of my presence in a RORDS vehicle and/or associated driver's education training activity.

Signed _____ Date _____

Note: If Passenger/Student is a minor, the following portion must be completed.

Please complete back side of form!



PARENT/LEGAL GUARDIAN PERMISSION AND ASSUMPTION OF LIABILITY

As Parent/Guardian I, (Print Name) _____ hereby grant my permission for the above named minor child to participate in the above referenced activity. I acknowledge, agree and understand that said participation involves risks and inherent dangers that may cause injury and/or death. On behalf of myself and the minor child above I agree release and forever discharge RRDS and to assume the liability and obligation referenced above.

Signed _____ Date _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

As the Passenger or the Parent/Legal Guardian of the above minor child I, (Print Name) _____ authorize qualified emergency medical personnel, including a physician and staff, to examine myself (Passenger), or the above named minor child, in the event of injury, and to administer emergency care and to arrange for any consultation by a specialist, including a surgeon as deemed prudent for proper care of any injury. In the case of a minor child, every effort will be made to contact the Parent/Legal Guardian prior to any treatment.

Signed _____ Date _____

Address _____ Phone Number _____

INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD HARMLESS, INDEMNIFY AND DEFEND

Student _____ Age _____ Date of Birth _____

Address _____ City _____

Telephone Numbers: Home _____ Parent's Business _____

Parent's Cell _____

The student listed above has been authorized to ride in a RORDS vehicle for the purpose of traffic safety education.

Authorizing Adult Signature:

_____ Date _____

Official Use Only

List below any remarkable occurrences that happen during any ride:
