



ALLSTATE DRIVING INSTRUCTION

APPLICATION

Please print clearly.

Legal Name: Last: _____ First: _____

Permit # _____ Date of Birth: ____/____/____

Address: _____

Phone # _____ Email Add: _____

Person for Emergency Contact _____ Phone _____

List current medications: _____

List any substances known to cause allergic reactions: _____

List relevant physical/medical conditions: _____

List relevant learning challenges: _____

Other than above, I certify that I have no conditions that may place myself or others at risk of injury.

I have also read and understood the Policy Manual that is on www.allstatevt.com.

Applicant Signature: _____ Date: _____

Parent / Guardian (For 18 & Younger): _____ Date: _____

Please send via mail or email to: (Please Include the Deposit)

Allstate Driving Instruction
375 Notch Road Mendon, VT
05701 Ph/Fax 802-775-9218
allstatevt1@gmail.com



ALLSTATE DRIVING INSTRUCTION

Release of Liability, Waiver of Claims, Assumptions of Risks and Indemnity Agreement

Definitions in this Agreement:

- A. The term “driving instruction and activities” shall include an instruction provided by any agent, employee, or substitute of Allstate Driving Instruction. It also includes all activities, services, and use of vehicles, either provided by or arranged by Allstate Driving Instruction. This definition also includes activities which are in any way related to either driving, stopping for any reason, classroom instruction, waiting for class to start, waiting after classes, movement in and around vehicles, and any other activities **occurring because of class or driving related to driving times or class time.**
- B. The term “agents” shall include an instructor, owner, subcontractor, substitute or other aid for Allstate Driving Instruction.

Assumption of Risk:

I am aware that driving, learning to drive, and any activity associated with this course involves risks, dangers, and hazards as well as the potential for serious injury and crashes.
 I fully assume all such risk, dangers and hazards and the possibility of personal injury, death, property damage, or loss resulting there from.

Release of Liability, Waiver of Claims, and Indemnity Agreement

In consideration of the agents and Allstate Driving Instruction allowing me to participate in Driver Education, I hereby agree as follows:

1. TO WAIVER ANY AND ALL CLAIMS that I have or may have in the future against the agents and/or Allstate Driving Instruction and TO RELEASE these agents and Allstate Driving Instruction from any and all loss, damage, expense, or injury including death that I may suffer as a result of driving instruction and activities. DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATURORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, R.S.BC. 1996, c. 337, ON THE PART OF THE AGENTS, AND INCLUDING THE FAILURE ON THE PART OF THE AGENTS TO SAFEGUARD OR PROTECT ME/MY CHILD FROM THE RISKS, DANGERS AND HAZARDS OF DIVING.
2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participation in Driver Education, Driving Instruction, or activities.
3. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity.
4. This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed and interpreted solely in accordance with the laws of Vermont and no other jurisdiction.
5. I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE AGENTS. In signing this agreement I agree to not bring any lawsuit against Allstate Driving Instruction or any of its agents.

Applicant’s Signature: _____ **Date:** _____

Parent / Guardian (For 18 & Younger) _____ **Date:** _____