

TEEN ROAD TO SAFETY, INC.

“DEFENSIVE DRIVING IN AN OFFENSIVE WORLD”

TEEN CAR CONTROL CLINIC REGISTRATION PACKET

Packet Includes:

General Info
Registration Form
Release & Waiver Form
Medical Information Form
Release & Consent Form

Teen Driving School Release and Waiver of Liability

To be signed by Parent or Guardian if student is under 18 years of age.

I hereby release, acquit, and forever discharge Teen Road to Safety, Inc. and Saddleback College, their officers, members, employees, volunteers, lessors, associates, successors or assigns from any and all liability, claims, demands or causes, which may arise from my attendance, participation and or instruction in a Teen Road to Safety event or from any injury sustained by me, whether or not due to negligence of any kind.

Signed by Participant if 18 years or older:

Signed by Parent or Guardian of Participant under 18 years of age:

Printed Name of Participant:

Date of Signature: _____ **Event Date:** _____

Release, Consent and Waiver of Claims

Event: Teenage Car Control Clinic

Date: _____

I hereby consent, give and grant to you the right to photograph my physical likeness in any manner you desire, use my name, and the right to reproduce my voice (or substitute and dub in foreign languages the voice of others) for use in and in connection with promoting, advertising, marketing of pictures or stories related to participation in Teen Road to Safety Car Control on this date, and the exhibition of such pictures/video theatrically, by television, or by any other means now existed or hereafter used or conceived. I expressly understand and agree that the pictures/videos, films, recordings, prints and copies thereof and all rights therein, and all results and proceeds of my appearance in connection therewith shall be your sole and absolute property for any and all purpose whatsoever in perpetuity, and you, your licensees, agents, representatives, successors and assigns shall have the unlimited right throughout the world to exhibit said pictures/videos or any part thereof, and by any manner or means, including, but not limited to, the right to rerun said pictures/videos on television and to exhibit the pictures/videos theatrically throughout the world subject to no further payment or obligation whatsoever. I further consent, give and grant you the right to use my name and/or likeness and/or biographical data, for use in and in connection with the credits, advertising and exploitation of said pictures/videos.

I warrant that I am an adult and have every right to enter into this agreement or if under the age of 18, agreement is being signed by parent or authorized agent to minor child. Nothing contained herein shall obligate you to use my name or likeness or anything else granted herein.

I hereby acknowledge that you, your employees, your agents, your agents' employees, and representatives have made no promised, expressed or employed, oral or written, or otherwise except as contained herein.

Signature of Participant: _____

If under 18, Signature of Parent or Authorized Agent:

Relationship to Participant: _____

Date of Signature: _____ Witness: _____

**Medical Information Form- Teen Driving School
CONFIDENTIAL**

Please complete this form and seal in an envelope prior to arrival at registration. Print your name on the envelope. The envelope will only be opened in case of emergency. If you wish, the envelope can be returned to you following your last session.

Name: _____ **Date:** _____

Age: _____ **Date of Birth:** _____ **Blood Type:** _____

Address: _____

City, State, Zip Code: _____

Emergency Contact Numbers: _____ **or** _____

Name of Contact: _____ **Relationship:** _____

Insurance Carrier: _____ **Policy #:** _____

Known allergies: _____

Do you wear contacts or glasses: _____

Date of last tetanus booster: _____

Do you wear any prosthetic devices or have removable dental appliances, please list:

Significant health problems that may affect you at the event: _____

Please list any medications you are currently taking: _____

Teen Car Control Clinic Registration

Please know that all the information you provide is held by us in the strictest confidence and is not released to anyone at anytime.

Location: _____ Event Date: _____

Student Information

First Name: _____ Last Name: _____ Date of Birth: _____

Street Address: _____ City: _____ State/Zip: _____

Day Phone: _____ Evening Phone: _____ Fax: _____

Email Address: _____ Driver's License #: _____

Permit #: _____

Vehicle Information

Make: _____ Model: _____ Color: _____ Year: _____

ABS Brakes: (Y/N) _____ Traction Control: (Y/N) _____ Personal or Family Vehicle: _____

Front Wheel Drive: _____ Rear Wheel Drive: _____ All Wheel Drive: _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State/Zip: _____

Day Phone: _____ Evening Phone: _____ Fax: _____

Email Address: _____

As Parent/Guardian I hereby authorize my child to participate in a Teen Road to Safety Car Control Clinic.
For all students under the age of 18, please bring this form with your Parent/Guardian signature to the class.

Signature: _____ Relationship: _____

Payment Information

Payment Method*: _____ Exp. Date: _____ Security Code: _____

Credit Card Number: _____ Name on Card: _____

Billing Address: (If different from above) _____

Amount: \$350.00 _____