

Safe by Choice Driving Academy Covid-19 Agreement

I Parent/Guardian of	of		
the risk that my child wheel lessons with Sa in personal injury, illn exposed to or infected or negligence of myse employees, volunteer of the forgoing risk ar but not limited to perse expense of any kind,	(ren) and I made for the control of	by be exposed to or infected by C Driving Academy and that such e Int disability, and death. I unders I at Safe by Choice Driving Acade I including, but not limited to Safe In participants and their families	emy may result from the actions, the by Choice Driving Academy's I voluntarily agree to assume all y child (ren) or myself (including, lage, loss, claim, liability, or in connection with my child
hold harmless Safe by the claims, including out of or relating ther actions, or negligence	y ChoiceDrivin all liability's, c eto. I understa e of Safe by Ch	noice Driving Academy employee	ts, representatives, of and from or expenses of any kind arising noludes any claims based on the
Signature of Parent/C	Guardian	Print name of Parent	
Stu	udent's Temp	Check prior to Admittance/D	rive Session's
Drive Session # 1 Reading	Date	/Time	Temp
Drive Session # 2 Reading	Date	/Time	Temp
Drive Session # 3 Reading	Date	/Time	Temp



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