

**** THIS IS NOT A REGISTRATION FORM – Please be sure to keep a copy for your records after signing****

ALL STAR DRIVER EDUCATION, INC.

Provider Certificate Number: P000265

STUDENT DRIVING CONTRACT

Office Location: 75 Aprill Drive, Ann Arbor, MI 48103 * Hours: M-F 9-5pm * (734) 665-7374 * (800) 967-7719 * www.allstarde.com

This contract is entered into by and between All Star Driver Education Inc., (ASDE) and

Students Full Name: _____
First Middle Last

Address _____

City _____ State _____ Zip _____ Birth Date: ____/____/____

Day Time Phone: _____ Evening Phone: _____ E-Mail: _____

Permit #: _____

The school shall provide behind the wheel instruction for a fee of \$_____ for _____ hours of instruction paid in advance or prior to driving. Adult students will be picked up at their preferred location and dropped off at the end of each scheduled appointment. Instruction will cover the *Driving Performance Rating Form* and *In-The-Car Checklist*. All Star Driver Education, Inc. will provide a certified instructor; will conduct the behind-the-wheel instruction in a dual-controlled automobile that is fully insured to cover each student enrolled in the program, and fuel for the driving. **No instruction shall commence until the student has paid all fees in full, and the instructor has received a copy of his/her Instruction Permit.**

Schedule of Student Behind-The-Wheel Instruction

Date	Start Time	End Time	Instructor Signature	Student Signature	Amount Paid	Payment Method
Date	Start Time	End Time	Instructor Signature	Student Signature	Amount Paid	Payment Method
Date	Start Time	End Time	Instructor Signature	Student Signature	Amount Paid	Payment Method
Date	Start Time	End Time	Instructor Signature	Student Signature	Amount Paid	Payment Method
Date	Start Time	End Time	Instructor Signature	Student Signature	Amount Paid	Payment Method
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(Attach additional forms if necessary.)

Cancellation Policy: Students are expected to show up for all scheduled appointments on time and prepared with their T.I.P. and any payment due. If an emergency occurs, you must contact your instructor to cancel. Schedules appointments that are not cancelled 24 hours in advance are subject to a \$20 No-Show fee. Being unprepared for a scheduled appointment will result in a No-Show fee. All fees must be paid to the instructor before the next scheduled drive.

REFUND POLICY: ALL refund requests for all services offered are charged a \$5 processing fee. No refunds will be given after the first day of class. Refunds will be processed in full if the service is canceled by ASDE. Refunds take 2-3 weeks to process and will be in the form of a check. There will be a \$30 return check fee for all returned checks!

Adult students must be aware that they are contracting All Star Driver Education, Inc. to instruct them on driving a car. The instruction they have contracted us for is not mandatory or required by the state. There are no tests, quizzes, or homework of any kind. Only behind the wheel instruction will be provided.

The undersigned agrees to pay the amount of \$_____ which needs to be paid before the 1st day of service by : Cash Check Credit Money Order

I have read and understand the above policies and procedures to take part in this instruction provided by All Star Driver Education, Inc.

STUDENT NAME	STUDENT SIGNATURE X	DATE / /
PARENT/GUARDIAN NAME	PARENT/GUARDIAN SIGNATURE X	DATE / /
INSTRUCTOR NAME	INSTRUCTOR SIGNATURE X	DATE / /

School Representative: Bae

NOTICE: This provider is required to be certified by the Secretary of State. If you have any complaint that cannot be settled with the provider, please complete the Driver Education Complaint form found on the Department of State website; www.michigan.gov/teendriver. Completion of driver education instruction does not guarantee qualification for a driver license.

RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

**All Star Driver Education, Inc.
(ASDE)**

In consideration of my participation in driving instruction and/or road testing and any and all events or activities in relation thereto (collectively the "Activity") permitted by All Star Driver Education, Inc. ("All Star") and with the understanding that my participation in the Activity is only on the condition that I enter into this agreement for myself, my heirs and assigns, I hereby assume the inherent and extraordinary risks involved in the Activity in which I may participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death), property damage and accidents which may occur as a result of my participation in the Activity and release from liability All Star, its and their officers, directors, agents, representatives, heirs and employees. I hereby waive any and all claims I may hereafter have as a result of any and all injuries disease or sickness (including death) to my person or property as a result of my participation in the Activity. I hereby agree to indemnify all of the above named persons for any and all claims, including attorney's fees and costs, which may be brought against any of them by anyone claiming to have been injured as a result of any injury, sickness or disease (including death) to me or my property which may occur as a result of or during the Activity. I understand that the Activity may be inherently dangerous and that physical injury, property damage or death may result. I certify that I have read and fully understand this release. I am of lawful age and legally competent to make this agreement. I understand that I am waiving any and all claims I may have against All Star, its officers, directors, agents, representatives, heirs and employees as the result of my participation in the Activity.

THIS IS A RELEASE. READ CAREFULLY BEFORE SIGNING.

WITNESS X	PARENT SIGNATURE X	DATE / /
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