# Maxine Lockman

dba SIPDE Drivers ed. School **SIPDE DRIVERS ED. SCHOOL**

ADULT DRIVERS CONTRACT

**Business Office: Class Location: 9465 Huron St. 1212 E. M36 Pinckney, Michigan 48169 Pinckney, Michigan 48169 (517) 404-8555 Email:sipdedriversed@sbcglobal.net**

**Name of Adult:** (as it appears on birth certificate) **PLEASE PRINT CLEARLY.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Middle Last**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)**

**TIP#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( mm/dd/yyyy)**

The school shall provide behind the wheel instruction for a fee of **$30.00** per hour, paid in advance or prior to driving. Adult students will be picked up at their residence. Instruction will cover the Driving Performance Rating Form and In the Car Checklist. SIPDE DRIVERS ED. SCHOOL will provide a licensed instructor, vehicle, 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 birth certificate.**

**DRIVING TIMES:**

**DATE: \_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_DRIVERS INITIALS: \_\_\_\_\_\_\_\_INSTR. INTITIALS: \_\_\_\_\_\_ FEE/PD. $\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_DRIVERS INITIALS: \_\_\_\_\_\_\_\_INSTR. INTITIALS: \_\_\_\_\_\_ FEE/PD. $\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_DRIVERS INITIALS: \_\_\_\_\_\_\_\_INSTR. INTITIALS: \_\_\_\_\_\_ FEE/PD. $\_\_\_\_\_\_**

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**DATE: \_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_DRIVERS INITIALS: \_\_\_\_\_\_\_\_INSTR. INTITIALS: \_\_\_\_\_\_ FEE/PD. $\_\_\_\_\_\_**

**MAKE UP DAYS:** For appointment cancelled 24 hours in advance the student is obligated to call the instructor to reschedule the missed drive times. If the student does not cancel within 24 hours it is at the discretion of the instructor to allow for rescheduling of the missed drive time. For any and all no show appointment you, the student, will be charged the then current no show fee.

Adult students must be aware that they are contracting us to instruct them on driving a vehicle. 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. There will only be behind the wheel instruction.

**REFUND POLICY:** If an emergency presents itself a certain percentage of the prepaid fees remaining will be refunded.

upon failure on the part of the student to complete the course of instruction, a refund will be granted as follows: For each hour

of driving time unused, one tenth of the total tuition will be refunded. No refund will be issued if the student is expelled due to disciplinary problems. There will be a $25.00 return check fee for all returned checks!

**The undersigned has paid in the following form of payment: CASH CHECK MONEY ORDER**

**IN THE AMOUNT OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADULT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL REPRESENTATIVES SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notice: This school is required to be licensed by the Michigan Department of State, Driver Program Division. If you have a complaint that you cannot settle with this school. Write: Michigan Department of State, Driver Program Division, Lansing, Michigan 48909-8140. Completion of a driver-training course does not guarantee qualification for a driver License. SIPDE Drivers Ed. School, **Provider Certification Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT**

In consideration of my participation in driving in driving instruction and/or road testing and any and all events or activities in relation thereto (collectively the “Activity”) permitted by SIPDE DRIVERS ED. SCHOOL and with the understanding that my participation in the activity is only on the condition that I enter into this agreement for myself, my heir 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 SIPDE DRIVERS ED. SCHOOL, 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 person or property as a result of my participation in the Activity. I hereby agree to indemnify all of the above named person for any and all claim, 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 that I am waiving any and all claims I may have against SIPDE DRIVERS ED. SCHOOL, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: /s/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_