

The SmartSkills Program
2727 Shipley Road, Wilmington, DE. 19803
(888)553-6543

Student's Name _____ **Class date** _____

I hereby request that the above-named student be allowed to participate in the SmartSkills Program. I further state that I give my consent for the above named student to participate with the understanding that:

1. The training course involves moving vehicles being operated by inexperienced drivers
2. The above-named student will be operating a vehicle with the express written consent of the owner of the vehicle
3. Damage may occur to the vehicle that the above-named student is driving or to other vehicles involved in the course
4. The above-named student's participation in this course subjects the student to a risk of serious, catastrophic, permanent injury, or even death

If I am not the owner of the vehicle which the above named student intends to use while taking this course, I hereby certify that the owner has consented to the use of his/her vehicle and has authorized the use by completing the **VEHICLE OWNER'S STATEMENT OF PERMISSION AND RELEASE OF ALL CLAIMS** below. I hereby certify that the vehicle which the above-named students intend to use in this course is in good working order, including the vehicle's brakes, suspension, steering and tires.

I understand the program will be lead by certified instructors. However, I hereby release and agree to hold harmless the State of Delaware, the SmartSkills Program and its agents and employees, law enforcement agencies and driver safety professionals within the State of Delaware approved and trained to offer this program and their instructors, and the facilities and locations utilized to conduct this program from any and all liability, including any acts of negligence on behalf of an agent or apparent agent of any of these entities or another participant in the course.

Parent/Legal Guardian Signature

Date

VEHICLE OWNER'S STATEMENT OF PERMISSION AND RELEASE OF ALL CLAIMS

I hereby certify that I am the owner of the vehicle, which the above-named student intends to use while taking this training course and hereby consent to such use. I hereby certify that this vehicle is in good working order, including the vehicle's brakes, suspension, steering and tires. I understand that the training course involves moving vehicles being operated by and inexperienced driver and that damage may occur to the vehicle or to the other vehicles involved in the course. I understand the program will be lead by certified instructors. However, I hereby release and agree to hold harmless the State of Delaware, the SmartSkills Program and its agents and instructors, law enforcement agencies within the State of Delaware approved and trained to offer this program and their instructors, and the facilities and locations utilized to conduct this program from any and all liability, including any acts of negligence on behalf of an agent or apparent agent of any of these entities or another participant in the course.

Vehicle Make and Model

Vehicle Owner's Signature

Date

SmartSkills Program
PERMISSION FORM AND RELEASE OF ALL CLAIMS

STUDENT INFORMATION

Class Date

Name of Student _____ Age _____

Date of Birth _____

Name of Parent or Legal Guardian _____

Current Address _____ Telephone Number _____

Email Address _____

Are there any health issues we should be aware of? _____

Is any medication being taken that will in any way affect the safe operation of a vehicle?

Yes / No If yes please list all medications on the back of this form.

NOTE: This is a drug free program and students will not be allowed to take any medications or drugs not listed on this form

STATEMENT OF VOLUNTARY PARTICIPATION AND RELEASE OF CLAIMS

We hereby state that this application to participate is entirely voluntary on my part and is made with the understanding of the following: (1) the training course involves moving vehicles being operated by inexperienced drivers; (2) I will be operating a vehicle with the express written consent of the owner of the vehicle; (3) damage may occur to the vehicle that I am driving or to other vehicles involved in the course; and (4) my participation in this course subjects me to risk of serious, catastrophic, permanent injury, or even death.

We hereby certify that the vehicle which the student intends to use in this course is in good working order; including the vehicle's brakes, suspension, steering and tires. I understand that the program will be lead by certified instructors. However, I hereby release and agree to hold harmless the State of Delaware, the SmartSkills Program and its agents and instructors, law enforcement agencies within the State of Delaware approved and trained to offer this program and their instructors, and the facilities and locations utilized to conduct this program from any and all liability, including any acts of negligence on behalf of an agent or apparent agent of any of these entities or another participant in the course.

Student Signature

Parent or Legal Guardian Signature

Date

The SmartSkills Program

REGISTRATION FORM

PLEASE NOTE: Rescheduling or Missed Class... Class size is limited and a spot for your son/daughter has been reserved. Should you need to reschedule for any reason you may do so up to 12 calendar days prior to class and you will not be charged a rescheduling fee. Students rescheduled 11 days or less, prior to their class date will be charged a \$30.00 rescheduling fee. Rescheduling fees will be waived due to student illness or immediate family emergency.

Student: _____ Telephone: () _____

Parents E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Driver's License # _____ Social Security # _____

Person to notify in case of an emergency: _____

Emergency phone # _____

Parent Name: _____

Parent Signature: _____ Date _____

NOTE: Please be sure to include photo copy of Insurance card for the vehicle your son or daughter will be driving.