



## BEHIND-THE-WHEEL TRAINING AGREEMENT FOR DRIVESMART STUDENTS

Last Name		High School	
First Name		Address:	
MI		City	
Birth Date		Zip Code	
Student Cell:#		Parent Cell #	
Permit #/DL NO		Permit Date:	
1st Training Date:		Deadline:	

DriveSmart shall provide at least 8 hours of behind-the-wheel instruction based upon the completion of the Ohio Driver Training Classroom Curriculum. The student must complete 24 hours of the required classroom with an Ohio-approved online provider. The student must provide a certificate of completion from an approved online driver education program to begin the eight hours of behind-the-wheel training. Should a student be unable to attend the available training sessions offered, the school is relieved of the aforementioned obligation. DriveSmart will conduct the behind-the-wheel instruction in a dual-controlled vehicle, fully insured, covering each student enrolled in the program. The school will provide a licensed instructor, vehicle, and fuel for the driving instruction.

The student is required to obtain a valid temporary driving permit and must pay tuition in full before scheduling the practical driving portion of the training. If the student must cancel a scheduled driving appointment, cancellation must be made a minimum of 24 hours before the scheduled appointment. Failure to do so may result in an additional fee of \$30 per scheduled drive hour. The same fee shall apply should the Student fail to appear for, or for any reason not prepared to take the scheduled drive time. Should a check received as payment of tuition in whole or in part, be returned due to insufficient funds, the Student may be removed from the driving schedule until such a check is made good. An additional fee of \$40 may be charged for any returned check.

The student is required to complete all available training within six months of the date the training begins. Students will be removed from the program after 180 days. No student is permitted to complete more than 4 hours of behind-the-wheel instruction within 24 hours. Upon expiration of this agreement, a reinstatement fee may be charged before any further services are provided. DriveSmart does not guarantee the issuance of a driver's license to the Student. If training is not completed within six months, a new agreement shall be established, and training shall be restarted.

DriveSmart reserves the right to cancel this agreement at any time, should the Student's conduct indicate a lack of responsibility deemed necessary by DriveSmart to safely operate a motor vehicle. Destruction of property, or the possession, distribution, or use of any tobacco product, vape, alcohol, or drug of abuse is strictly prohibited. Should this agreement be canceled under such circumstances, all fees may be pro-rated, based on the hours of service provided before cancellation.



**REFUND POLICY:** All refund requests for all services offered will be charged a \$5 processing fee. No refunds are permitted once a student has participated in one hour or more drive hours. Refunds will be processed in full if a class/ service is canceled by DriveSmart. Refunds take 7 to 10 business days to process and will be returned in the manner in which it was received. No refund will issued if the student is expelled due to disciplinary issues. To learn more about our discipline policy please contact us at [drivesmart@mcesc.org](mailto:drivesmart@mcesc.org) or reach us at 937-225-4598 during normal business hours. Upon failure to complete the course within six months of starting the course, no refund will be granted, and no certificate will be issued.

**PARENTAL PERMISSION FOR DRIVER EDUCATION INSTRUCTION:** I hereby give consent for my son/ daughter, as stated above, to take a complete course of driver’s education which includes the 8 hours of behind-the-wheel instruction listed in this contract. This course is conducted under the supervision of a State-licensed instructor. I have read and understand the above policies and procedures for my child to take part in this program provided by DriveSmart.

**Certificate of Completion:** DriveSmart shall furnish a certificate of completion to all students under the age of eighteen years, who complete the entire course. Completion, as defined by the State of Ohio, refers to the completion of the required number of hours online and the student’s good faith effort having been executed during the practical training portion. Commercial Driving schools are licensed by the Department of Public Safety through the Driver Training Program Office, 1970 West Broad Street, Columbus Ohio 43223 =. Valuable information for teenagers and parents is available on the internet at [www.drivertraining.ohio.gov](http://www.drivertraining.ohio.gov) under Teens and Parents.

I have read and understand and have received a copy of this agreement.

Student Name		Student DOB
Parent Printed Name	Parent Signature	Date
School Official	School Official Signature	Date



EMERGENCY  
MEDICAL AUTHORIZATION  
PART I - TO GRANT CONSENT

\_\_\_\_\_  
*Please print neatly.*

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Student's Address

Date of Birth		School District/Attend	
Permit #/DL NO		Home Phone Number	
Permit Date		Student Cell Number	

**RESIDENTIAL PARENT or GUARDIAN**

Mother \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**CONSENT SECTION**

In the event reasonable attempts to contact the above persons have been unsuccessful, I hereby give my consent for the following medical care providers and local hospital to be called:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY SURGERY**

*This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained BEFORE THE SURGERY IS PERFORMED SPECIAL MEDICAL HISTORY. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian



**RELEASE, ASSUMPTION OF RISK,  
AND INDEMNIFICATION AGREEMENT  
DriveSmart Ohio, powered by MCEC**

I make this release assumption of risk and indemnification agreement as parent and natural or legal guardian of \_\_\_\_\_ (Child). In consideration of the child's participation in the driving instruction and/ or road testing and any and all events or activities in relation thereto (Collectively the "Activity") permitted by **DriveSmart Ohio, powered by Montgomery County ESC** and with the understanding that the Child's participation in the Activity is only on the condition that I enter into this agreement for the Child and myself, our heirs and assigns, I hereby assume the inherent and extraordinary risks involved in the Activity, and any risks inherent in any other activities connected with the Activity in which the Child may participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death) which may occur as a result of the Child's participation in the Activity and release from liability **DriveSmart Ohio, powered by Montgomery County ESC**, its owners, officers, directors, agents, representatives, heirs, and employees. I hereby waive any and all claims I or the Child may hereafter have as a result of any and all injuries, disease, or sickness (including death) to the Child as a result of the Child's 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 the by anyone claiming to have been damaged as a result of any injury, sickness, or disease (including death) to the Child which may occur as a result of or during the Activity. I understand the Activity may be 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 or the Child may have against **DriveSmart Ohio, powered by Montgomery County ESC**, its officers, directors, agents, representatives, heirs, and employees as the result of participation in the Activity.

**THIS IS A RELEASE. PLEASE READ CAREFULLY BEFORE SIGNING.**

WITNESS <b>X</b>	PARENT SIGNATURE <b>X</b>	DATE / /
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