

Please list any known medical, physical or mental conditions that we need to be aware of or that could affect the student's performance in the classroom or behind the wheel (e.g. diabetes, paralysis, epilepsy, asthma, hearing, eyes or other sensitivities): _____

Please list any medications: _____

Please list any allergies: _____

Primary Physician Name: _____ Primary Physician Phone: _____

In case of emergency, contact (Name and Phone number): _____

MEDICAL CONSENT AUTHORIZATION

In the event of an injury, accident, illness or other emergency, if the above stated physician cannot be reached, I authorize Right Turn Driving School LLC to act on my behalf. I also authorize myself _____ my child _____ to be treated by certified emergency personnel such as emergency medical technicians, emergency room physicians and other emergency room personnel. I also agree to accept financial responsibility for the costs related to this or any other emergency medical treatment. Parent (Legal Guardian) Signature: _____

Student (if over 18) Signature: _____

ENROLLMENT CONTRACT # _____

1. This contract establishes that the student will receive **10 hours of classroom instruction and 6 hours of one-on-one behind the wheel instruction** (behind the wheel drives consist of three 2 hour sessions) from an OK state certified instructor at Right Turn Driving School LLC. No guarantees can or will be made that a student will pass the written or driving portion of the *State of Oklahoma* driving test. **The Student must complete all 16 hours of instruction to receive the completion certificate.** A fee of \$10.00 will be charged for replacement of lost or damaged certificates of completion. The Course also includes the **MVAPC (Motor Vehicle Accident Prevention Course)**. Students will receive a MVAPC Certificate after completing the classroom instruction.
2. I agree to pay the tuition fee of **\$350.00** (this includes the \$50.00 non-refundable deposit) for the classroom and behind the wheel instruction. Fees are non-refundable after instruction has started. **The tuition fee must be paid in full prior to scheduling behind the wheel sessions.** Insufficient check fee is \$35.00. Fees may be paid by cash, check, money order or credit card (Visa, MC, Discover)
3. The student must complete the required 16 hours of instruction within one year of the first class date. A reinstatement fee of \$50.00 will be charged for completing the program after the one year time period has expired.
4. Behind the wheel instruction scheduling will begin after the completion of classroom instruction and tuition fee being paid in full. Behind the wheel sessions will be scheduled based upon availability of Right Turn Driving School LLC instructors and on a first come first served basis. Please be aware inclement weather may affect driving schedule. Behind the wheel sessions may be scheduled either online or by phone.
5. Once behind the wheel sessions are scheduled, any cancellations must be made at least 24 hours prior to the scheduled lesson. **If proper notification (by phone or online) is not given before the 24 hours, I understand and agree to pay a cancellation/no show fee of \$40.00.** * This fee must be paid before the student will be allowed to complete their final behind the wheel session.

The student and parent or legal guardian agree to indemnify, hold harmless, waive and release Right Turn Driving School LLC and all instructors from any and all liability for any claim of financial responsibility for damages, expenses, medical and other fees, fines or other amounts which the student may incur or sustain at or traveling to or from the school or any other acts at any time. It is acknowledged that this language is clear, concise and unambiguous and not unduly burdensome. Further, Right Turn Driving School LLC is not responsible for the future driving performance of students who are enrolled or have completed this driving program. This agreement does not include the use of the driver education vehicle for the Driving Test.

* I have read the above contract and agreement and accept full responsibility for the fees listed therein and to complete the course as described above. I understand that it is also my responsibility to behave in a proper classroom manner conducive to learning. To fail to do so can result in my removal from the program without any refund being given.

Parent (Legal Guardian) Signature: _____ DATE: _____

Student Signature: _____ DATE: _____

Right Turn Driving School LLC Instructor: _____ DATE: _____