## Gary Gundy's School of Driving Registration Form

## Student Information

Name:
Address:
Cell:
Driver License/Permit Number:
Expiration Date:
Date of Birth:
Age:
Has the student taken the road test? If so, how many times?
Are there any medical conditions that could impact the student's ability to drive such as vision, seizures or diabetes?

## Parental/Guardian Information (If under 18 years of age)

Name(s):	JUNUL	
Cell:		
Email:		

## Please check when you have read and understand the following:

 I understand the student will be driving	on narking lote	straats and highwave in	Boone County
i understand the student will be unving	on parking lots,	Succis and mynways i	i boone county.

I understand the student and instructor and will be recorded during the lesson by an in-car camera.

	I understand I am under n	o obligation to continue lessons.	Driving instruction is on a lesson by lesson b	sson basis and may be
terminated at any time by the student or instructor.				

I understand lessons are scheduled in hour and half increments and cost \$100. There are no volume discounts and payment is due at the time of the lesson. Payment may be made by check, credit card, cash or Venmo (@Gary-Gundy).

I understand I can use the instructor's car for testing for the cost of a lesson (\$100) but only after the instructor agrees the student has passed a mock driving exam.

I understand driving can be a dangerous activity and crashes can occur. There is always a risk of injury or death when operating a motor vehicle. I will not hold the instructor or company liable should injury be incurred while learning to drive.

Signature of Adult Student/Parent/Guardian