

Driving School Liability Waiver & Agreement

Student Information:

- Full Name: _____
- Phone Number: _____
- Email Address: _____

Emergency Contact:

- Name: _____
- Phone Number: _____

Medical Declaration:

I confirm that I do not suffer from any medical, physical, or mental condition that would impair my ability to operate a motor vehicle safely.

Scheduling Acknowledgement:

I understand that the driving school will make all reasonable efforts to schedule my driving exam in a timely manner. However, I acknowledge that the school is not responsible for any delays or scheduling changes imposed by third parties (e.g., testing authorities), and I will not hold the school liable for any inconvenience or consequences arising from such delays.

Liability Waiver:

I understand and agree that while all reasonable precautions will be taken during instruction, the driving school, its instructors, and affiliates are not liable for any injury, accident, or damage that may occur during my participation in driving lessons.

Signature: _____ Date: _____