

**AFFIDAVIT OF LIABILITY
AND GAURDIANSHIP**

Minor's First Name	Middle Name	Last Name	Date of Birth
Is enrolled in a Colorado Department of Revenue approved driver education course starting _____ .			
Name of School			<input type="checkbox"/> BTW <input type="checkbox"/> No BTW
Signature of Driver Education Instructor			
Signature of Parent or Guardian			<input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other
Signature of Parent or Guardian			<input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other

BTW = Behind-the-wheel training