

SAFE DRIVE TEST DRIVE: DRIVER SAFETY PROGRAM

2018 COURSE ENROLMENT FORM: WILLOWBANK

YOUR BOOKING: PLEASE COMPLETE IN FULL & RETURN WITH FULL PAYMENT

PROPOSED COURSE DATE: **Sunday October 21, 2018**

YOUR NAME: _____ (AS WILL APPEAR ON COURSE CERTIFICATE)

DATE OF BIRTH: ____/____/____ YOUR SCHOOL/UNI: **St. Josephs College - Toowoomba**

POSTAL ADDRESS: _____ POSTCODE: _____

NOTE: PRIVATE PARTICIPANTS WILL BE EMAILED CONFIRMATION AND ATTENDANCE DETAILS (INCLUDING A MAP)

E-MAIL ADDRESS: _____ CONTACT PHONE #: _____

EMERGENCY CONTACT PHONE #: _____ ASK FOR: (insert full name) _____

YOUR LICENCE NUMBER: _____ TYPE: LEARNERS PROVISIONAL OPEN

CAN YOU DRIVE A MANUAL TRANSMISSION: NO YES

NOTE: ALL PARTICIPANTS MUST BE ABLE TO DRIVE, BRAKE & STEER A CAR + CHANGE GEARS (IF MANUAL)

**This section must
be completed**

TO SAFE DRIVE TRAINING IN CONSIDERATION OF SAFE DRIVE TRAINING AGREEING TO PROVIDE PRACTICAL INSTRUCTION IN THE TECHNIQUES OF DEFENSIVE DRIVER TRAINING, I, THE UNDER SIGNED, SEVERALLY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, DO HEREBY;

1. Release and discharge Safe Drive Training and its principals, it's employees, agents, sponsors and servants from all actions, suits, causes of actions and/or suits, claims and/or demands whatsoever that might at any time hereafter arise against Safe Drive Training and its principals, its employees, agents or servants for, or in respect of, any death or injury to myself or any person or company howsoever arising, or any loss or damage to property howsoever arising or occurring in the course of or in connection with practical defensive driver training.
2. Agree to keep Safe Drive Training and its principals, its employees, agents, sponsors and servants indemnified from, and against, all actions, suits, causes or action, claims and demands whatsoever, which I or any person or company may at any time hereafter have against Safe Drive Training and its principals, its employees, agents or servants for, or in respect of, any death or injury to myself or any person, or any loss or damage to property arising in the course of, or in connection with, the participation by me in such practical defensive driver training.
3. Acknowledge that I have read this entire enrolment document and understand the document and its legal consequences.

I (participant's signature) _____ acknowledge my consent & confirm the information above is accurate.

IF UNDER 18 PLEASE COMPLETE, I (PARENT/GUARDIAN FULL NAME) _____
being the parent/guardian of the above named hereby consent to their participation on the terms and conditions shown.

(PARENT/GUARDIAN SIGNATURE) _____ DATE: ____/____/____

PAYMENT DUE: \$199 per student including bus transport to and from the venue

Please make payment directly to your school

UNDER NO CIRCUMSTANCES WILL A REFUND OR REBOOKING BE AVAILABLE

FOR NON-ATTENDANCE UNLESS CANCELLATION IS RECEIVED MORE THAN 5 DAYS IN ADVANCE.