



Bridgeway Center, Inc.

DRIVING SCHOOLS

Senior Driving Skills Assessment

DUI School · Drug Alcohol Traffic Education · Driver Improvement · A+ Driving Lessons

How did you hear of our program? Internet Website Phone book Doctor Family
 Radio Other: (please specify) _____

First Name Middle Name Last Name

Today's Date

Address

Social Security Number

City State Zip Code

Date of Birth

Home Phone Cell Phone

Email Address

Job Occupation

Place of Employment

Emergency Contact Name Emergency Contact Phone

Emergency Contact Address

Please list all medications you are taking: _____

Have you ever had a seizure? If yes, please explain: Yes No

Do you have diabetes? If yes, please explain: Yes No

Do you have a heart condition? If yes, please explain: Yes No

137 Hospital Drive · Fort Walton Beach, FL 32548 · Phone (850) 833-7474 · Fax (850) 833-9150
351 N Ferdon Blvd · Crestview, FL 32536 · Phone (850) 689-7938 · Fax (850) 689-7864

www.SafeDriveSchools.org



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Do you have any allergies that may result in an emergency (foods or medications)? If yes, please explain : Yes No

Do you have any other medical problems that may result in an emergency situation? If yes, please explain :

Yes No

Have you been in any traffic accidents in the past 5 years? If yes, please list approximate date(s) of accidents and explain: Yes No

Have you had any traffic violations in the past 5 years? If yes, please list approximate date of traffic violations and explain: Yes No

Are you having this assessment due to your family, the DHSMV, or doctor concerns? If yes, please explain:

Yes No

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Student Name

Driver License Number

STUDENT STATEMENT OF VOLUNTARY PARTICIPATION AND RELEASE OF CLAIMS

I hereby state that this application to participate is entirely voluntary on my part and is made with the understanding of the following: the training course involves moving vehicles being supervised by certified instructors and participation in this course subjects me to risk of serious, catastrophic, permanent injury, or even death.

I hereby release and agree to hold harmless Bridgeway Center, Inc., and their instructors from any and all liability, including any acts of NEGLIGENCE on behalf of an agent or apparent agent of any of these entities or another participant in the course.

Client Signature

Date

Witness

Date

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The appointment for the first lesson must be made at the time of registration. Once all paperwork has been completed please see the Customer Service Representative to schedule and confirm the first appointment.

NO REFUNDS

- Sessions will start promptly at the time assigned. If the student is late, or does not show for the appointment, the lesson is forfeited.
- Make up sessions will be charged at the rate of \$110 per session. This school will not refund any tuition or part of tuition if school is ready, willing and able to fulfill its part of this contract.

Appointments must be cancelled 72 hours in advance to avoid forfeit of lesson. This agreement constitutes the contract between the school and the student, and no verbal statements will be recognized.

- No one will be allowed to attend the session with ANY AMOUNT of ALCOHOL or CONTROLLED SUBSTANCE in his/her body. Attending the course with ANY AMOUNT of ALCOHOL or ILLEGAL DRUG in your body will result in FULL REPAYMENT OF FEES.
- Any student with a problem regarding Driving Schools services is welcome to speak to the program manager at 850-833-7474. If the program manager cannot resolve the problem, call the Bridgeway Center, Inc. Safety Regulatory and Quality Program at 850-314-1215.

The Student, hereby agree to take professional driver instruction consisting of _____lessons. The school agrees to furnish a dual controlled car for all practical instruction without additional costs. Fee agreed is \$55 per hour or \$_____ for the course consisting of _____ sessions. A session consists of 120 minutes.

Appointment date: _____ **Appointment time:** _____

It is agreed that an owner, instructor, agent or employee of this school shall not give the impression to a student that upon completion of their instruction this school will guarantee the securing of a drivers license to operate a motor vehicle.

Parent/Legal Guardian Signature

Date

Witness

Date

Student Signature

Date

Witness

Date

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