



6019 Columbus Pike  
 Lewis Center, Ohio 43015  
 (614)907-5903  
 Report Year 2018

## ABBREVIATED ADULT BEHIND-THE-WHEEL TRAINING AGREEMENT FOR ONLINE STUDENTS

1st Choice Driving Academy, hereinafter referred to as "The Driving School" agrees to provide applicant, hereinafter referred to as "Student", 4 hours of behind-the-wheel training based on the Abbreviated Adult Course Curriculum. The student will complete the 4-hour equivalent of required classroom with an Ohio approved abbreviated adult online provider. State of Ohio regulations require all training be made available by \_\_\_\_\_. Should a student be unable to attend available training sessions offered, the school is relieved of the aforementioned obligation. The Driving School shall furnish a licensed instructor and a motor vehicle for instruction. The tuition for said instruction is \$\_\_\_\_\_.

Any additional in-car training may be obtained at the hourly rate of \$\_\_\_\_\_ per hour. If applicable, the Student may, for an additional fee of \$\_\_\_\_\_, use the Driving School's vehicle to take a driving exam at a State exam center located in \_\_\_\_\_ County, OH.

The Student is required to obtain a valid temporary driving permit and pay tuition in full prior to scheduling the practical driving portion of the training. If the student must cancel a scheduled driving appointment, cancellation must be made a minimum of \_\_\_\_\_ hours prior to the scheduled appointment. Failure to do so may result in an additional fee of \$\_\_\_\_\_. The same fee shall apply should the Student fail to appear for, or for any reason not prepared to take, the scheduled lesson. Should a check received as payment of tuition in whole or in part, be returned due to insufficient funds, the Student may be removed from the driving schedule until such a check is made good. An additional fee may be charged for any returned check.

The student is required to complete all available training within three months of the date the training begins. No student is permitted to complete more than six hours of online and behind-the-wheel training in a twenty-four hour period. The Driving School must make available any remaining behind-the-wheel training once the student provides proof of completion of an online abbreviated adult program. There may be no refunds provided after that time. Upon expiration of this agreement, a reinstatement fee may be charged before any further services are provided. The Driving School does not guarantee the issuance of a driver license to the Student. If training is not completed within the three months, a new agreement shall be established and training shall be restarted.

The Driving School reserves the right to cancel this agreement at any time, should the Student's conduct indicate a lack of responsibility deemed necessary by The Driving School to safely operate a motor vehicle. Destruction of property, or the possession, distribution, or use of any tobacco product, alcohol, or drug of abuse is strictly prohibited. Should this agreement be cancelled under such circumstances, all fees may be pro-rated, based upon hours of service provided prior to cancellation.

Refund Policy: None

The Driving School shall furnish a certificate of completion to all students who successfully complete the course. Completion, as defined by the State of Ohio, refers to the completion of the required number of hours online and the student's good-faith effort having been exercised during the practical driving portion.

Commercial Driving schools are licensed by the Department of Public Safety through the Driver Training Program Office, 1970 West Broad Street, Columbus, Ohio 43223

I have read and understand and have received a copy of this agreement.

School Official Dennis Bowman		Signature of School Official X	Date
Student Name	DOB	Signature of Student X	Date



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**Release of Liability, Indemnification and Hold Harmless Agreement**

In consideration of participating in driving school activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence 1<sup>ST</sup> Choice Driving Academy and its owners, directors, officers, employees, agents, volunteers, participants and all other persons or entities acting for the (hereafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assignees, personal representative and estate and also agree

1. I acknowledge that participating in driving school activities involves known and unanticipated risks, which could result in physical or emotional injury, paralysis or permanent disability, death and property damage. Risks include, but are not limited to collisions with other motor vehicles or objects, medical conditions resulting from physical activity and damage to clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless Releasees from any and all claims, demands or causes of action which are in any way connected with my participation in this activity or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer of cause while participating in this activity or else I agree to bear the cost of such injury or damage myself. I further represent that I have no medical or physical conditions which could interfere with my safety in this activity or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
7. By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the [arties on the basis of any claim of negligence.
8. I have had sufficient time to read this entire document and should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain.

**I have read and understand this document and I agree to be bound by its terms.**

Students Name	Parents Name	Date
	X	
Students Signature	Parents Signature	Date
	X	



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## Adult Abbreviated Student Behind-The-Wheel Training Report

Student Name	DOB	Cell Phone	Parent Phone	Certificate Issued	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
Address City, State Zip				Cert Number	
<input type="text"/>	<input type="text"/>				<input type="text"/>
Permit Number	Issue Date	Expiration Date	Start Date	End Date	Issue Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note: Break time does not count towards the 4 hours of required instruction time**

**Performance Code 0= N/A 1=Improvement 2=Fair 3=Good**

**No person shall falsify, alter or in any manner tamper with any records required to be kept by the Ohio Administrative Code**

Drive Number	Drive Date	Start Time	Break Time	End Time		Instructor Initials	Instructor License	Student Initials																
1																								
2																								
3																								
4																								
	Check for valid permit	Entry level procedure tasks	Minimal traffic, numerous intersections	High speed /sight distance planning	Moderate traffic, in town	Expressway, controlled access highway	Parallel parking / Maneuverability test	Country roads	Large volume of traffic	Night driving (when possible)	Lane change /Merges	RR crossing	Passing	Smooth Braking	Smooth Steering	Staying in lanes	Aims car to center of lane	Knows all Four Stopping points	Maintains proper speed	Maintains 3-5 Second following distances	Makes sure all passengers are buckeled	Knows Proper Speed limits	Checks Traffic to the rear	Selective parking techniques
1																								
2																								
3																								
4																								

I, the undersigned Instructor, certify that the Student has satisfactorily completed the behind-the-wheel instruction by this chapter And section 4501-8-09 (C) of the Ohio Administrative Code (O.A.C.)

Signature of Instructor	Date
X	



Abbreviated Adult Driver Training Evaluation

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Student Name ##	Date
Enterprise Name <b>1st Choice Driving Academy</b>	

Criteria	Ineffective	Developing	Proficient	
<b>Driver</b>				
1. Knows how to use windshield wipers and / or defrosters				
2. Knows how to start the engine				
3. Selects the correct gear				
4. Knows how to release the emergency brake				
<b>GENERAL DRIVING</b>				
5. Starts and stops smoothly				
6. Knows proper gear for speed of car (if applicable)				
7. Properly changes lanes				
8. Respects lane marking divisions				
9. Exhibits smooth, steady steering habits				
10. Exhibits smooth, steady braking habits				
11. Adjusts speed for existing road conditions				
12. Keeps assured clear distance (spacing)				
13. Obeys speed limits				
<b>STOP STREETS</b>				
14. Stops in position to see all directions				
15. Looks in all directions at stops				
16. Consistently observes stop sign / traffic light directions				
17. Yields to pedestrians				
18. Yields to other traffic				
<b>SIGNALS</b>				
19. Signals properly when changing lanes				
20. Signals appropriately when turning				
21. Signals in a timely fashion				
<b>Right Turns</b>				
22. Properly approaches turn				
23. Adjusts speed accordingly for turn				
24. Maintains proper lane alignment				
25. Keeps vehicle in proper position to turn				
26. Yields to pedestrians during turn				
27. Yields to other traffic during turn				



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Student Name ##	Date
Enterprise Name 1st Choice Driving Academy	

Criteria	Ineffective	Developing	Proficient	Comments
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**Left Turns**

1. Properly approaches turn				
2. Adjusts speed accordingly for turn				
3. Maintains proper lane alignment				
4. Keeps vehicle in proper position to turn				
5. Yields to pedestrians during turn				
6. Yields to other traffic during turn				

**MANEUVERABILITY**

7. Properly stops to check progress (when braking)				
8. Judges stopping points properly				
9. Remains parallel with course				
10. Does not strike markers				
11. No dangerous actions during maneuverability evaluation				

**Check Appropriate Box**

<input type="checkbox"/> Student Demonstrates Basic Driving Skills	<input type="checkbox"/> Student Does not Demonstrates Basic Driving Skills
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Remarks

Instructor Name (Print) Dennis Bowman	Date
Instructor Signature X	Instructor License# 9914

I attest i was given four hours Behind-The-Wheel instruction pursuant to Ohio Administrative Code 4501-8-09	Date
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**This form is required before students may participate in the car portion of Driver's Education.**

Student Name	Age
Parent/Guardian Name	
Home Phone	
Doctor's Name	
Hospital Preference	

My Child has the following medical conditions that may affect him/her in the car. If none=n/a

In the event neither parent nor Doctor listed above can be contacted, I hereby authorize 1ST Choice Driving Academy or his designee to obtain emergency car for my child when, in the opinion of a physician and/or surgeon licensed under the provisions of the Medical Practice Act, such medical care will be for the best interest of the child and should not be delayed pending consent of the parent or family Doctor. I understand the 1ST Choice Driving Academy has Liability Insurance which covers any medical or hospital costs that might occur if my child is involved in an accident while in their car. Consequently, I understand that any and all additional costs shall be my sole responsibility.

Parents Name	
Parent/Guardian Signature	Date
X	