



Crosstown Driving School Registration Form & Liability Form

Owners: Blake and Kimberly Baugh, (208) 518-9463
 blake@crosstowndriving.com
 P.O. Box 153, Rathdrum, ID, 83858

Thank you for choosing Crosstown Driving School! Upon class completion, you will be ready to begin the Graduated License portion of the Idaho State Driver's Licensing Program.

To reserve your spot, please complete this form and mail it in with the \$25 non-refundable fee. Then (if under 18 years old), purchase the Learner Permit at the DMV before you begin class with us. We will call you prior to your class start date to provide the online course link and schedule the drives.

Student Information

First Name (legal)		Middle Name (legal)		Last (legal)	
Home Phone#		DOB:	Gender on permit: M () F ()		Student age (must be at least 14 ½):
Street address:			City:		ZIP Code:
Student Phone:			Contact Email for Family or Student:		

Does your child have a medical condition, IEP, or 504 Plan through their School? Circle : YES OR NO

If YES is circled, please let us know anything that will affect safe driving, so that we can tailor our teaching method.

Legal Guardian Information

Name Parent/Guardian:		Relationship	
Work Phone	Ext.	Cell Phone	
Name Parent/Guardian:		Relationship	
Work Phone	Ext.	Cell Phone	

Medical Information (In case of an emergency)

Emergency Contact Name	Relationship	Phone #
Emergency Contact Name	Relationship	Phone#

As the Participating Adult or the Parent/Legal Guardian of the above minor child, I authorize qualified emergency medical personnel, including a physician and staff to examine myself (Participating Adult), or the above minor child, in the event of injury, and to administer emergency care and to arrange for any consultation by a specialist, including a surgeon as deemed prudent for proper care of any injury. In the case of a minor child, every effort will be made to contact the Parent/Legal Guardian prior to any treatment.

Sign if you give permission for Crosstown Driving School and/or medical personnel to act on the above student's behalf if medical treatment or injury treatment is needed to the best of our judgment if the parent or other legal guardians cannot be reached, for students under 18 years old. *If permission is not given, then please put, "I do not consent" in lieu of signing and date.*

Signature (Parent or Legal Guardian) _____ Date: _____



Crosstown Driving School LLC Release of Liability Form

Accident-Prevention, Traffic Safety and Defensive Driving Education for First-Time Drivers or those needing to update their driving skills. INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD HARMLESS, INDEMNIFY AND DEFEND Crosstown Driving School LLC. Crosstown Driving School is an Idaho State Licensed Driver Training School. All driving instructors are professionally trained and licensed by the State of Idaho. All employees/subcontractors have been subjected to a background check by the Idaho State Police. In the regular course of providing driver education, Crosstown Driving School utilizes a company insured vehicle. This vehicle will be driven by all students under the direct supervision of a Crosstown Driving School Professional Driving Instructor or State of Idaho licensed driver education instructor subcontracting with Crosstown Driving School.

Sign below: Adult Participants. If Passenger/Student is a minor; the following portion must be signed by a parent/guardian.

I acknowledge, agree and understand that said participation involves risks and inherent dangers that may cause injury and/or death. On behalf of myself and/or a minor child listed above I agree, release and forever discharge Crosstown Driving School, Crosstown Driving School LLC and assume the liability and obligation referenced below. I recognize that students will be exposed, not only to routine risks of vehicular travel, but will be exposed as well to all inherent dangers arising from being a passenger with other inexperienced drivers learning to drive, which could cause property damage, personal injury and/or bodily injury including death. For and in consideration of permission to be a passenger/driver in a Crosstown Driving School vehicle, and Crosstown Driving School relying materially thereon in granting such permission, I agree to release, forever discharge and hold harmless Crosstown Driving School; Crosstown Driving School LLC its administrators and employees/subcontractors from any liability or claim of liability which might arise out of our presence in an Crosstown Driving School vehicle. I further agree to defend Crosstown Driving School; Crosstown Driving School LLC, its administrators and employees/subcontractors at no cost to Crosstown Driving School; Crosstown Driving School LLC, against any claim of liability and/or cause of action asserted against them arising out of the students presence in a Crosstown Driving School vehicle and/or associated driver's education training activity.

Parent/Guardian or Participating Adult

Signature _____ Date _____

*PARENT/LEGAL GUARDIAN PERMISSION AND ASSUMPTION OF LIABILITY for minor child. The student listed on this application/release of liability form has been authorized to ride in a Crosstown Driving School vehicle for the purpose of traffic safety/driver education by a parent or legal guardian if under the age of 18 years old. By signing this form the parent/guardian(s) and the student also agree to pay a \$70 fee for a no call, no-show to any and all scheduled drives.

I, (minor's name) _____ wish to be a driver/passenger in a Crosstown Driving School vehicle and I will follow the rules and instructions given by the driver education instructor. I understand that I will be charged a \$70 fee for a no call, no-show to any and all scheduled drives.

Signed by Student

Signature _____ Date _____

If you e-sign this form it will be accepted as though it was a wet signature and will be legally enforceable as such.

Mail application and \$25 fee to our secure mailbox at: P.O. BOX 153, Rathdrum, ID 83858.