

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. **Public Safety Driving School** has put in place preventative measures to reduce the spread of COVID-19; however, **Public Safety Driving School cannot guarantee that you will not become infected with COVID-19.** Further, participation could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

____ INITIALS By signing this agreement, **I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death.** I understand that the risk of becoming exposed to or infected by COVID-19 at **Public Safety Driving School** may result from the actions, omissions, or negligence of myself and others, including, but not limited to, **Public Safety Driving School's** employees, volunteers, and program participants and their families.

____ INITIALS **I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at Public Safety Driving School** On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless **Public Safety Driving School** its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of **Public Safety Driving School**, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at **Public Safety Driving School**.

____ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition 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.

____ INITIALS In the event that I file a lawsuit, I agree to do so in the state where is located, and I **Public Safety Driving School** further agree that the substantive law of that state shall apply. 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.

____ INITIALS **By signing this document, I agree that if I am exposed or infected by COVID-19 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 parties being released on the basis of any claim for negligence.**

____ INITIALS **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 understood this document and I agree to be bound by its terms.**

____ INITIALS If I have signed a separate general waiver of liability connected to my participation at _____, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

____ INITIALS **I agree that I will practice safe social distancing and clean hygiene during my participation at _____.**

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____ Date _____

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)**

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian _____ Print Name _____ Date _____

Public Safety Driving School Parent/Guardian Identity Verification Affidavit

This affidavit is strictly required by the state this course is administered for, and we sincerely apologize for any resulting inconvenience for you as the parent/guardian of the student in the completion and submission of this form.

Before your child can be approved to begin their course and or in-car lessons, this form must be filled out, notarized, scanned, and emailed to our office at: customercare@publicsafetydrivingschool.com

If you have any questions about this form, please call our office at:
(440) 703-0109

Parent/Guardian Attestation

I attest that I am the parent or legal guardian of the child enrolled in the course and am eligible to sign this agreement.

I have read and accepted the terms/agreement that were provided during enrollment in the Public Safety Driving School - Complete Package - 24 Hour Teen Online Course with Behind-The-Wheel course and consent to my child, _____, enrolling in and completing this course.

By signing this form Parents are agreeing to sign the behind the wheel sheet document and training agreement and return via email. Both documents may be found on our website. Or you may request them via email. www.PublicSafetyDrivingSchool.com
Please email this notarized form and all forms to CustomerCare@PublicSafetyDrivingSchool.com

A copy of our COVID19 Procedures may be found on our website.

All students must undergo a screening before entering the vehicle.

The screening will consist of questions and random temperature checks.

Parents who do not want their teen in the car with another student, will have the option to pick up the student at the end of the drive from the next student pickup location.

Parents are expected to arrive ten minutes early if requesting this service and email the school in advance to make these arrangements.

My child will not receive any assistance while completing the online course other than any necessary technical support from the school's staff that may be needed during the completion. I agree to the waiver terms mentioned in this agreement and understand that my child will be required to keep on a mask for the entire drive and may be subjected to random temperature checks before the in car lesson. I understand that the instructor may refuse the drive should he/she have reason to believe the student is sick or have been exposed based off of the questions answered for each lesson.

I certify that I have provided the legal, original, and necessary documentation required by the notary public listed below.

Full Name _____

Signature _____

Phone/Email _____

Phone/Email _____

Student/Child's Full Name _____

Notary Public

State of _____, County of _____

Before me, a Notary Public in and for said county, personally appeared the above named _____, who acknowledged that he/she did sign

the foregoing Affidavit and

has presented me legal proof and documentation consisting of

_____ (list one of:

photo identification, original social security card with original birth certificate, passport with photo, or other document

acceptable by a Notary Public) that identifies him/her as the person signing this document, and being first duly sworn

on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and

that the matters stated here in are true to the best of his/her information, knowledge and belief.

Executed this _____ day of _____, 20____. Notary Seal

Notary Full Name _____

Notary Title _____

Notary Signature _____

Commision Expires _____