

The Advanced Teen Driving Safety Program

Student Packet



THE ASSESSMENT CENTER
Miami Dade College
School of Justice

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nac@mdc.edu



Advanced Teen Driving Safety Program Miami Dade College • School of Justice



Student Statement of Voluntary Participation and Release of All Claims

I hereby state that this application to participate in the Advanced Teen Driving Safety Course is voluntary and I fully understand the following:

1. The Advanced Teen Driving Safety Course offered by Miami Dade College's School of Justice (MDCSOJ) involves moving vehicles being operated by drivers with various levels of experience including, inexperienced drivers;
2. During the course, I will be operating a dual break vehicle assigned by MDCSOJ;
3. During the course, I may become damaged and or there may be damage made to other vehicles involved in the program; and
4. There is a possibility that as a result of my participation in this course, I may suffer minor injuries and that participation in this course may subject me to risk of serious, catastrophic, permanent injury, or even death.

NOTICE TO THE STUDENT AND THE PARENT OR GUARDIAN OF A STUDENT WHO IS UNDER THE AGE OF 18

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE DISTRICT BOARD OF TRUSTEES OF MIAMI DADE COLLEGE, ITS DIRECTORS, OFFICERS, EMPLOYEES, INSTRUCTORS AND AGENTS USE REASONABLE CARE IN PROVIDING THIS ADVANCED TEEN DRIVING SAFETY COURSE, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE DISTRICT BOARD OF TRUSTEES OF MIAMI DADE COLLEGE, ITS DIRECTORS, OFFICERS, EMPLOYEES, INSTRUCTORS AND AGENTS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH,

TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MIAMI DADE COLLEGE HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I ALSO GIVE PERMISSION TO MIAMI DADE COLLEGE TO USE PHOTOGRAPHS AND/OR VIDEO IMAGES OF ME IN MEDIA COVERAGE, OR ANY OTHER USE DEEMED APPROPRIATE BY MIAMI DADE COLLEGE.

I have read the information on these two pages, and, as a result, I agree to permit my child's participation in the Advanced Teen Driving Safety Course by signing below.

(These forms may be signed before either a MDCSOJ representative or a notary public, whichever is more convenient.)

Student's Name

Student's Signature

MDCSOJ Representative (Witness)

Parent/Legal Guardian's Signature

Witness Name Printed

Parent/Legal Guardian's Printed Name

STATE OF FLORIDA
MIAMI DADE COUNTY

BEFORE ME personally appeared _____ (Parent/Guardian's Name), to me well known to be the person described in and who executed the foregoing instrument, and acknowledge to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this _____ day of _____, 20____.

NOTARY PUBLIC

Personally Known: _____

Provided _____ as Identification

My Commission expires: _____



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I hereby state that this application to participate in the Advanced Teen Driving Safety Course is voluntary and I fully understand the following:

1. The Advanced Teen Driving Safety Course offered by Miami Dade College School of Justice (MDCSOJ) involves moving vehicles being operated by drivers with various levels of experience including, inexperienced drivers;
2. During the course, I will be operating a dual break vehicle assigned by MDCSOJ;
3. During the course, I may become damaged and or there may be damage made to other vehicles involved in the program; and
4. There is a possibility that as a result of my participation in this course, I may suffer minor injuries and that participation in this course may subject me to risk of serious, catastrophic, permanent injury, or even death.

NOTICE TO STUDENTS (OVER AGE 18)

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE DISTRICT BOARD OF TRUSTEES OF MIAMI DADE COLLEGE, ITS DIRECTORS, OFFICERS, EMPLOYEES, INSTRUCTORS AND AGENTS USE REASONABLE CARE IN PROVIDING THIS ADVANCE TEEN DRIVING SAFETY COURSE, THERE IS A CHANCE YOU MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR RIGHT TO RECOVER FROM THE DISTRICT BOARD OF TRUSTEES OF MIAMI DADE COLLEGE, ITS DIRECTORS, OFFICERS, EMPLOYEES, INSTRUCTORS AND AGENTS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOU OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MIAMI DADE

COLLEGE HAS THE RIGHT TO REFUSE YOUR PARTICIPATION IF YOU DO NOT SIGN THIS FORM.

I ALSO GIVE PERMISSION TO THE MIAMI DADE COLLEGE TO USE PHOTOGRAPHS AND/OR VIDEO IMAGES OF ME IN MEDIA COVERAGE, OR ANY OTHER USE DEEMED APPROPRIATE BY MIAMI DADE COLLEGE.

I have read the information on these two pages, and, as a result, I agree to participate in the Advanced Teen Driving Safety Course by signing below.

(These forms may be signed before either a MDCSOJ representative or a notary public, whichever is more convenient.)

Student's Name

Student's Signature

MDCSOJ Representative (Witness Name)

MDCSOJ Representative Signature

STATE OF FLORIDA

MIAMI DADE COUNTY

BEFORE ME personally appeared _____ (Student Name),
to me well known to be the person described in and who executed the foregoing instrument, and
acknowledge to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this _____ day of _____, 20____.

NOTARY PUBLIC

Personally Known: _____

Provided _____ as Identification

My Commission expires: _____



THE ASSESSMENT CENTER
Miami Dade College
School of Justice
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PAYMENT FORM ADVANCED TEEN DRIVING SAFETY PROGRAM

Instructions

- Turn completed form into the BURSAR'S OFFICE.
 - Location: North Campus, Building 1, Room 1154
 - Telephone: (305) 237-1287
 - Hours: Mon—Thurs 8:00 A.M.—7:00 P.M.; Fri 8:00 A.M.—4:30 P.M.
- *Bring a copy of the receipt of payment to your scheduled Advanced Teen Driving Safety Program.*

Name: _____

Date: _____ (mm/dd/yyyy)

**Last Four Digits of
SSN:** _____

Payment Type: _____ Advanced Teen Safety Program (\$150.00)
(Please check one)

I, _____, understand the following:

- The Advanced Teen Driving Safety Program fee **must** be paid prior to program.
- Parental Permission Form and Release of all Claims must be completed and attached to receipt.
- Payment may be made in cash, credit card or money order.
- All fees are **non-refundable and non-transferable.**

Guardian or Candidate Signature: _____

Bursar's Authorization to Collect Program Fee for
ADVANCED TEEN DRIVING SAFETY PROGRAM
Account # 31200103-N31201-40920

Payment Receipt #: _____ Cashier: _____

For questions, contact
The Assessment Center
305-237-1476
nac@mdc.edu