

**TROY POLICE DEPARTMENT
COLLISION AVOIDANCE TRAINING PROGRAM**

STUDENT INFORMATION

Name of Student _____ Age _____

Name of School Currently Attending _____ Grade _____

Date of Birth _____ Place of Birth _____

Name of Parents of Legal Guardian _____

Current Address _____ Telephone Number _____

Are there any health issues we should be aware of? _____

Any medication being taken that will in any way affect the safe operation of a vehicle?

In Case of Emergency call _____ Number _____

Parent/Legal Guardian Signature _____

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: (1) the training course involves moving vehicles being operated by inexperienced drivers; (2) I will be operating a vehicle with the express written consent of the owner of the vehicle; (3) damage may occur to the vehicle that I am driving or to other vehicles involved in the course; and (4) my participation in this course subjects me to risk of serious, catastrophic, permanent injury, or even death.

I hereby certify that the vehicle which I intend to use in this course is in good working order; including the vehicle's brakes, suspension, steering and tires. I understand that the program will be lead by certified instructors. However, I hereby release and agree to hold harmless the City of Troy Alabama, the Troy Alabama Police Department, the National Traffic Safety Academy, Inc. and their Instructor 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.

Date: _____

Student's Signature