

ADULT DRIVER EDUCATION PROGRAM REGISTRATION FORM

Mail signed Program *Release of Liability* and *Registration* form along with payment to

1188 Bishop St., Suite 1710, Honolulu, Hawaii 96813

Make checks payable to: HDI

Student's Last Name		Student's First Name		M.I.	Gender	Birth Date	Grade	School Attending	
						/ /			
Mailing Address						City		Zip Code	
Learner's Permit #	Expiration Date	Email Address			Home Ph		Cell Ph	Other	
	/ /								
Workplace					Work Ph		Cell Ph	Other	
EMERGENCY CONTACT									
Name	Relationship	Cell Ph	Pager #	Home Ph	Work Ph	Doctor's Name/Ph #			
FOR OFFICE USE ONLY									
Session Dates	Class (Days & Times)	Amount Received	Method of Payment		Date of Payment	Authorization/Check #			
			Cash / Check Money Order		/ /	/			

Please mail in signed registration form & release of liability form, with your payment to the address at the top of this page. Mahalo!

I acknowledge that should I not show up for my appointment, I will be charged for a 2 hour lesson. I agree to notify you at least 48 hours in advance to avoid a 2 hour cancellation charge. I understand that no-shows and last minute cancellations result in a loss of time and revenue to the company. Because of this policy, I agree to pre-pay my lessons. Minimum prepayment is one lesson ahead. It is because of past experiences that we have had to institute this policy. We apologize for any inconvenience this may cause you. Your signature below indicates that you understand and agree to this policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RELEASE OF LIABILITY**  
***(READ CAREFULLY – THIS AFFECTS YOUR LEGAL RIGHTS)***

In exchange for participation in the activity of Drivers Education organized by Hawaii Driving Institute ("HDI"), of 1188 Bishop St., Suite 1710, Honolulu, Hawaii, 96813 and/or use of the property, facilities and services of HDI, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by HDI, or the employees, representatives or agents of HDI.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge HDI for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of HDI, whether caused by the fault of myself, my family, HDI or other third parties.
3. I agree to indemnify and defend HDI against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of HDI.
4. I agree to pay for all damages to the facilities of HDI caused by my or my family's negligent, reckless, or willful actions.
5. In the event of an injury to myself during the above described activities, I give my permission to HDI or to the employees, representatives or agents of HDI to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on the first day of driving and will remain in effect until terminated in writing by the undersigned or when the above described activities are completed. HDI shall have the following powers:
  - (a) The power to seek appropriate medical treatment or attention on behalf of myself as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital.
  - (b) The power to authorize medical treatment or medical procedures in an emergency situation; and
  - (c) The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.
6. Any legal or equitable claim that may arise from participation in the above shall be resolved under Hawaii law.

**I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.**

Dated: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

In case of an emergency:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cellular \_\_\_\_\_ Pager \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cellular \_\_\_\_\_ Pager \_\_\_\_\_ Other \_\_\_\_\_