

SAFE DRIVE TEST DRIVE: DRIVER SAFETY PROGRAM

2007 COURSE ENROLMENT FORM: BRISBANE

YOUR BOOKING: PLEASE COMPLETE IN FULL & RETURN WITH FULL PAYMENT

PROPOSED COURSE DATE: _____ (HIGH SCHOOLS WILL BOOK A DATE FOR STUDENT GROUPS)

YOUR NAME: _____ (AS WILL APPEAR ON COURSE CERTIFICATE)

DATE OF BIRTH: ____/____/____ YOUR SCHOOL/UNI: _____ PRIVATE

POSTAL ADDRESS: _____ POSTCODE: _____

NOTE: PRIVATE PARTICIPANTS WILL BE SENT CONFIRMATION AND ATTENDANCE DETAILS (INCLUDING A MAP)

E-MAIL ADDRESS: _____ CONTACT PHONE #: _____

YOUR LICENCE NUMBER: _____ TYPE: LEARNERS PROVISIONAL P1 P2 OPEN

OR I WILL OBTAIN MY LEARNERS AND SUPPLY THE LICENCE NUMBER TO SDT BEFORE ATTENDING COURSE

NOTE: ALL PARTICIPANTS MUST BE ABLE TO DRIVE, BRAKE, CHANGE GEARS (IF MANUAL) & STEER A CAR

PAYMENT DUE: (\$126.50) students in School Groups (\$165) Private Participants

(STUDENTS SHOULD CHECK WITH COURSE CO-ORDINATOR FOR THE METHOD OF PAYMENT REQUIRED BY YOUR SCHOOL.)

CASH PAYMENT ENCLOSED FOR: \$ _____

CHEQUE PAYMENT ENCLOSED FOR: \$ _____ (MAKE CHEQUE PAYABLE TO **SAFE DRIVE TRAINING**)

OR DEBIT MY: **MASTERCARD** **BANKCARD** **VISA** AMOUNT APPROVED: \$ _____

EXPIRY DATE: ____/____/____

CARDHOLDER NAME: _____ SIGNATURE: _____ DATE: ____/____/____

BY ENROLLING YOU AGREE THAT IF ANY CHEQUE OR CREDIT CARD PROCEEDS DO NOT CLEAR ON THE FIRST BANKING THAT YOU WILL PAY ALL SUBSEQUENT CHARGES. UNDER NO CIRCUMSTANCES WILL A REFUND OR REBOOKING BE AVAILABLE FOR NON-ATTENDANCE UNLESS CANCELLATION IS RECEIVED MORE THAN 2 DAYS IN ADVANCE.

BUS TRANSPORT: (WHERE SUPPLIED)

ALL STUDENTS IN SCHOOL GROUPS **MUST** ARRIVE AND DEPART VENUE ON BUS (UNLESS ARRANGEMENTS ARE MADE WITH SAFE DRIVE TRAINING). BUS DEPARTURE AND RETURN TIMES WILL BE CONFIRMED WITH YOUR SCHOOL PRIOR TO THE COURSE DATE. A MUST SEE VIDEO IS PLAYED DURING THE BUS TRIP TO AND FROM THE TRAINING CENTRE.

PLEASE NOTE: THE FOLLOWING SECTION MUST BE COMPLETED IN FULL

TO SAFE DRIVE TRAINING IN CONSIDERATION OF SAFE DRIVE TRAINING AGREEING TO PROVIDE PRACTICAL INSTRUCTION IN THE TECHNIQUES OF DEFENSIVE DRIVER TRAINING, I, THE UNDER SIGNED, SEVERALLY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, DO HEREBY;

1. Release and discharge Safe Drive Training and its principals, it's employees, agents, sponsors and servants from all actions, suits, causes of actions and/or suits, claims and/or demands whatsoever that might at any time hereafter arise against Safe Drive Training and its principals, its employees, agents or servants for, or in respect of, any death or injury to myself or any person or company howsoever arising, or any loss or damage to property howsoever arising or occurring in the course of or in connection with practical defensive driver training.

2. Agree to keep Safe Drive Training and its principals, its employees, agents, sponsors and servants indemnified from, and against, all actions, suits, causes or action, claims and demands whatsoever, which I or any person or company may at any time hereafter have against Safe Drive Training and its principals, its employees, agents or servants for, or in respect of, any death or injury to myself or any person, or any loss or damage to property arising in the course of, or in connection with, the participation by me in such practical defensive driver training.

3. Acknowledge that I have read this entire enrolment document and understand the document and its legal consequences.

I (PARTICIPANT'S SIGNATURE) _____ acknowledge my consent & confirm the information above is accurate.

IF UNDER 18 PLEASE COMPLETE, I (PARENT/GUARDIAN FULL NAME)

(SIGNATURE) _____ being the parent/guardian of the above named hereby consent to the above named's participation on the terms and conditions shown.

**POSTAL ADDRESS: PO BOX 3747 LOGANHOLME HYPERDOME 4129; PHONE: 3801 3222 FAX: 3801
5455**