

NORTHERN COLORADO TWO-DAY SKILLS CLINIC

REGISTRATION PACKAGE INSTRUCTIONS

PLEASE NOTE:

- Our classes usually fill up well in advance.
- Reservations will be held upon receipt of payment.
- To maintain the reservation, we must receive the following at least 5 business days prior to the start of the class:

- ___ Registration form
- ___ Waiver of Liability and Release
- ___ Current Copy of Vehicle Insurance I.D. Card
- ___ Completed Automobile Safety Inspection



may be faxed to us @ 303 627-6474

Payment for the Two Day Skills Clinic may be made by check, money order, cash (exact amount), Discover, Visa or MasterCard. Call our office for pricing.

MAKE YOUR APPOINTMENT FOR THE AUTOMOBILE SAFETY INSPECTION IMMEDIATELY! This inspection can be performed by any licensed repair facility. The locations listed on the back of the inspection form perform the inspection **FREE OF CHARGE**. Call them for details. MasterDrive is not affiliated with these establishments. Inspections are not required for new (under 15,000 miles) or rental vehicles.

Unacceptable Training Vehicles

Some vehicles may be unacceptable for training purposes. Other vehicles may have limitations that will not allow for maximum training levels. **Studded snow tires are not allowed on the driving range.**

In order to assure that the student receives the maximum benefit, we strongly recommend that you discuss the selection of the vehicle to be used in the driving skills clinic with a member of our staff prior to the clinic.

For your convenience a Personal/Auto Checklist and General Information sheet is on the back of this form. Please review this prior to class.

PLEASE KEEP ALL SCHEDULED APPOINTMENTS. Clinic slots that we cannot refill result in higher costs and delays in training for everyone. There is a fee of 50% of the cost of a skills clinic if you miss or must change your appointment less than 5 days prior the Two-Day Skills Clinic.

We request that students driving standard transmission cars be reasonably comfortable with basic clutch operation before participating in the skills exercise. One hour of individual off-street private instruction with one of our staff, using the student's car, is available at an additional \$40.00 fee.

Rarely do we cancel a clinic, but if we do, please bear with us. We will find a replacement clinic as soon as possible.

INCLEMENT WEATHER PROCEDURE

**A MESSAGE WILL BE LEFT ON OUR VOICE MAIL BY 7:15 a.m. THE DAY OF THE CLINIC
NOTIFYING YOU OF CANCELLATION OR DELAY.
PLEASE CALL 303 627-4447 or 970-593-6362 FOR THAT INFORMATION.**

PERSONAL/AUTO CHECKLIST AND GENERAL INFORMATION

DRIVER PREPARATION

- Tennis shoes or any flat soled shoes that completely enclose/cover the foot. Thick soled shoes/boots are strongly discouraged.
- "Flip-Flops" or loose fitting sandals are a safety hazard and are not allowed !**
- Weather resistant jacket/coat.
- Sunglasses, sunscreen, hat.
- Snacks and/or lunch with beverages.**

During the clinic and most classroom sessions there are no food or refreshment facilities readily available. Please bring a "Brown Bag" lunch, to include beverages each day.

CAR PREPARATION

- Check fluid levels (oil, coolant transmission).
- Check tires (air pressure, visible tread).
- Check wheels (covers secure, lug nuts snug).
- Check brake pads - brake fluid level.
- Check for firm brake pedal, brake lights operational.
- Seat belts (YOU MUST WEAR THEM).
- Any loose or hazardous objects removed from interior and cargo area
- Gas tank 3/4 full to prevent spilling.
- Battery adequately secured.

RECOMMENDATIONS

- Please arrive 15 minutes early for ALL scheduled events.**
- Brakes should be bled and fluid changed yearly.
- Car should be in proper alignment.
- Manufacturer tire pressure recommendation should be noted, and YOU SHOULD ADD 4 TO 5 ADDITIONAL POUNDS PER TIRE SPECIFICALLY DURING CLASS. YOU WILL BE PUTTING THE CAR INTO STRESS, AND THEREFORE THERE WILL BE SOME LIMITED WEAR ON THE TIRES. WE RECOMMEND NOT USING SNOW TIRES.

Safety is Paramount - An unsafe vehicle may be removed from the clinic.

STUDED TIRES ARE NOT PERMITTED!

We encourage parents to attend the "recital" held during the last hour (usually from 4:00 until 5:00) on the second day of the driving skills clinic.

This will give parents the opportunity to observe their teen's newly acquired skills and to ride with the teen through the exercises (parents and teens willing), an experience both parents and teens should not miss!

REGISTRATION FORM (TWO DAY SKILLS CLINIC)

Student's Full Legal Name _____
Last First Middle

Address _____

City, State _____ Zip _____

High School _____ Date of Birth _____ Male ___ Female ___
If attending Mo/Day/Yr

Parent's name(s) if student under 18 _____

Phone Numbers (H) _____ (W) _____ (C) _____

Fax _____ e-mail _____

PLEASE NOTE: MasterDrive commits the resources necessary to implement our training at the highest level for each clinic. These resources are substantial, including the cost of the facilities, coaches, insurance, and equipment. Clinic slots that we cannot refill result in higher costs and delays in training for everyone. There is a fee of 50% of the cost of a skills clinic if you miss or must change your appointment less than 5 days prior the Two-Day Skills Clinic.

For many years, MasterDrive has stood alone in providing an absolutely unique service for anyone who requires special help in learning to drive. If the student has specific needs and/or issues, we need to know about this prior to training. **Safety is a primary issue!** This includes:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> IEP/SPED | <input type="checkbox"/> Difficulties with visual processing |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Defined learning difficulties |
| <input type="checkbox"/> Medications | |

If anything above is checked, we must know at least 2 weeks before the Skills Clinic is scheduled! Please call the office for more information.

Phase I Skills Dates Day 1: _____ Day 2: _____

***** PAYMENT *****

Amount of Payment Enclosed \$ _____ Check ___ Discover ___ Visa ___ Mastercard ___

If using credit card: Account # _____ Exp Date _____

Name _____
As Printed on Card Signature

Remember, to avoid rescheduling, we must receive the following at least 5 days prior to the start of the clinic.

- This Registration Form
- Signed Waiver of Liability and Release (on reverse)
- Current Copy of Vehicle Insurance Identification Card
- Completed Automobile Safety Inspection
- Signed Driver's Education Contract

WAIVER OF LIABILITY AND RELEASE AGREEMENT

The undersigned hereby acknowledges his or her understanding that there are risks inherent in the process of learning to drive, and in driving a vehicle, and that while MasterDrive has taken and will take every precaution to minimize such risks and to maximize the safety of MasterDrive students, trainees, and participants, some risks understandably remain, and cannot be controlled by MasterDrive or its teachers, employees and agents.

In consideration of the above, and of the undersigned participant's ("Participant") attendance at and/or participation in a MasterDrive training program, Participant hereby agrees as follows:

1. I hereby knowingly and voluntarily waive forever any and all liability on the part of, and covenant not to sue or institute any claim against MasterDrive, its agents, instructors, insurers, lessors, successors, or assigns, or of any sponsor (collectively "MasterDrive"), resulting from or arising out of or in connection with my attendance at and/or participation in a MasterDrive training program. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless MasterDrive from any and all claims, demands or causes of action, which allege negligent acts or omissions of MasterDrive, unless such negligent acts or omissions are found by a court of law to constitute willful, wanton or gross negligence.

2. I warrant and represent that I personally, and my vehicle, are fully insured and will at all times during the period of my participation in the MasterDrive training program continue to be fully insured in accordance with Colorado law; and in addition, that I have both personal liability and property damage coverage deemed by me sufficient and adequate to cover any exposure to me, my vehicle, or the property or person of others, arising from participation in the MasterDrive program.

3. I acknowledge that the development of driving skills entails known and unanticipated risks which could result in physical and/or emotional injury to myself and/or third parties, and damage to my property and/or the property of others. I understand that while every effort is made to reduce them, such risks simply cannot be eliminated without jeopardizing the essential elements of this type of driving skills training.

4. I acknowledge that I must accept and assume all of the risks of my individual actions and responsibilities, and those existing in this type of training activity. I therefore accept and assume full responsibility for my actions during all MasterDrive training, and during such time periods and locations which are within the scope of such training (including but not limited to classrooms, parking lots, etc.). It is understood that MasterDrive will not accept responsibility for the actions and/or mistakes of any participant. Participant's attendance is voluntary, and he or she elects to participate in spite of the inherent risks explained above.

5. Should MasterDrive or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, Participant agrees to indemnify them for all such fees and costs.

6. By signing this document, I acknowledge that if I am injured or if my property is damaged during my participation in this training, I may be found by a court of law to have waived my right to maintain a lawsuit against MasterDrive, its agents, instructors, insurers, sponsors, employees, successors and assigns.

Date: _____

Participant's Signature

Parent's Signature (if Participant is under 18 years old)

AUTOMOBILE SAFETY INSPECTION

STUDENT'S NAME _____ DATE _____
 CAR MODEL _____ YEAR _____ COLOR _____
 LICENSE PLATE# _____ PASS/FAIL _____
 *PERFORMED BY (COMPANY) _____
 INSPECTOR SIGNATURE _____

* * * * *

SAFETY INSPECTION

Pass/Fail <u>SUSPENSION</u>
<input type="checkbox"/> <input type="checkbox"/> Shocks
<input type="checkbox"/> <input type="checkbox"/> Steering

Pass/Fail <u>ENGINE COMPARTMENT</u>
<input type="checkbox"/> <input type="checkbox"/> Battery Secure
<input type="checkbox"/> <input type="checkbox"/> Gas Lines
<input type="checkbox"/> <input type="checkbox"/> Fluid Levels
<input type="checkbox"/> <input type="checkbox"/> Engine Cooling Fan

Pass/Fail <u>BRAKES</u>
<input type="checkbox"/> <input type="checkbox"/> Pads or Shoes
<input type="checkbox"/> <input type="checkbox"/> Parking Brake (lock)
<input type="checkbox"/> <input type="checkbox"/> Hydraulics

Pass/Fail <u>WHEELS</u>
<input type="checkbox"/> <input type="checkbox"/> Tire Condition
<input type="checkbox"/> <input type="checkbox"/> Tread Depth (1/32 ND)
<input type="checkbox"/> <input type="checkbox"/> Lug Nuts
<input type="checkbox"/> <input type="checkbox"/> Tire Pressure
<input type="checkbox"/> <input type="checkbox"/> <u>NO</u> Studded Snow Tires

Pass/Fail <u>INTERIOR</u>
<input type="checkbox"/> <input type="checkbox"/> Seat Belt (L and R)
<input type="checkbox"/> <input type="checkbox"/> Seat Secure

Pass/Fail <u>TRUNK</u>
<input type="checkbox"/> <input type="checkbox"/> Loose Objects

*THIS VEHICLE INSPECTION MAY BE PERFORMED BY ANY LICENSED REPAIR FACILITY.

-SEE NEXT PAGE FOR A LIST OF FACILITIES WHO WILL DO IT FREE OF CHARGE-

AUTOMOBILE INSPECTION CENTERS / NORTHERN COLORADO

WINDSOR AUTO REPAIR

320 E. Chestnut Street
Windsor CO 80550
970-686-7705

PIKE'S AUTO CARE CENTER

500 Main Street
Windsor CO 80550
970 686-8473

ADVANTAGE AUTOMOTIVE

3216 N. Garfield Avenue
Loveland CO 80538
970 663-5399

ROCKY MOUNTAIN QUICK LUBE

825 N. College Avenue	875 S. Lincoln
Fort Collins, CO 80524	Loveland CO 80537
970 493-5823	970 669-7290

THESE BUSINESSES HAVE AGREED TO PERFORM THE AUTOMOBILE INSPECTION FREE OF CHARGE.
MASTERDRIVE IS NOT AFFILIATED WITH THESE BUSINESSES.
WE RECOMMEND THAT YOU CALL AHEAD FOR SCHEDULING

**** YOU WILL NOT BE ABLE TO PARTICIPATE WITHOUT INSPECTION FORM ****