

**INSURANCE AGENT SKILLS CLINIC
REGISTRATION FORM**

FAX NUMBER: 303-627-6474

Please Print

Student's Name _____
 First Middle Last

Date of Birth ____ / ____ / ____ Driver's License Number - _____

AGENT License Number - _____

(we must have your number to report your CE Credits)

Home Address _____

City, State, Zip _____

Telephone: Home _____ Cell _____

NOTE: Some vehicle designs and configurations prevent MasterDrive from performing certain maneuvers. In order that you receive the maximum benefit of the driving skills clinic it is necessary that you discuss the selection of your training vehicle with your point of contact you can call 303-627-4447. Vehicle selection must be completed prior to submission of the registration packet.

Vehicle: Make _____ Model _____ Year _____



**Automobile Liability Insurance Policy Number covering the
above-named registrant and vehicle**

Carrier _____ Policy # _____ Expires: _____



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 of 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 with 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,a 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

PLEASE PRINT NAME OF STUDENT

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.

AUTOMOBILE INSPECTION CENTERS

DENVER METRO AREA

BIG O TIRES

22994 E Smoky Hill Rd
Aurora, CO 80016
(303) 680-5500

STATION AUTOMOTIVE SERVICES

CALL FOR BEST
LOCATION
303-782-8466

PARKER AUTOMOTIVE

11533 N. Highway 83
Parker, CO 80134
(303) 841-5198

APS

6989 S. Jordan Road
Englewood, CO 80012
(303) 595-0076

BIG O TIRES

10431 Parkglenn Way
Parker, CO 80134
(303) 840-2800

MIDAS MUFFLER SHOPS

11411 W. Colfax Avenue
Lakewood, CO 80215
(303) 233-6581

959 W. 6th Avenue
Denver, CO 80033
(303) 595-0076

3805 N. Wadsworth
Wheat Ridge, CO 80215
(303) 431-0404

SWIS AUTOMOTIVE SERVICES SHOPS

6600 South Quebec
Englewood, CO 80110
(303) 770-1006

6995 N. Broadway
Denver, CO 80221
(303) 426-7947

YOUNG'S TIRE & SERVICE SHOPS

7201 W. Alameda Avenue
(Villa Italia)
Lakewood, CO 80226
(303) 238-7658

MEINEKE DISCOUNT MUFFLER & BRAKE SHOPS

8 Wilcox Street
Castle Rock, CO 80104
(303) 688-9737

THESE BUSINESSES HAVE AGREED TO PERFORM THE AUTOMOBILE INSPECTION FREE OF CHARGE. WE RECOMMEND
THAT YOU CALL AHEAD FOR SCHEDULING

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