



CONWAY POLICE DEPARTMENT

Collision Avoidance Training



Dear Parents,

You have expressed an interest in your teen driver to participate in the advanced car control training program. Please print and complete the following pages. This class will be instructed by officers of the Conway Police Department. This course was developed by the non-profit National Traffic Safety Academy.

Check our website for training session dates. Every class session will begin on Friday evening, 5:45 PM - 10:00 PM. The session will conclude on the following Saturday, 7:45 AM - 5:00 PM.

Location: Conway Police Department, 1105 Prairie, Conway, AR.

Contact: Dara Tapley @ 450-6126 or via email to: dara.tapley@cityofconway.org

Class sizes are limited so please complete and return the attached registration and release form along with the registration fee of \$80.00 as soon as possible. Checks should be made out to the Conway Police Department.

We appreciate this opportunity to work with your teen driver and would appreciate any comments you may have after your teen has completed the program.

Please send comments to:

Officer Sharen Carter
Public Information Office
Conway Police Department
1105 Prairie
Conway, AR 72032

OR
Email: publicinformation@cityofconway.org



CONWAY POLICE DEPARTMENT

Collision Avoidance Training Registration Form



Please fill in preferred class session/date: _____ Check our website for training session dates. Every class session will begin on Friday evening, 5:45 PM - 10:00 PM. The session will conclude on the following Saturday, 7:45 AM - 5:00 PM.

Student: _____ **Telephone:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Sex: _____ **Age:** _____ **Driver's License #** _____ **SS#** _____

Vehicle make-model-tag#: _____

****PLEASE PROVIDE A COPY OF YOUR INSURANCE COVERAGE****

Person to notify in case of an emergency: _____

Emergency Contact Phone # _____

Parent Name: _____ **Phone #** _____

Parent Email address: _____

Parent Signature: _____ **Date:** _____



CONWAY POLICE DEPARTMENT Collision Avoidance Training



Release Form

CLASS DATE: _____

STUDENT INFORMATION

Name of Student _____

Age _____ Date of Birth _____ Gender (circle): Male Female

Name of Parents or Legal Guardian _____

Current Address _____ Telephone Number _____

City / State/ Zip _____

**** Does your son/daughter have a medical condition, or are they taking any medication that may affect their ability to safely operate an automobile? (circle one) YES NO**

If you circled YES please explain on the back of this page.

This is a drug free program and students are not permitted to take any drugs that are not listed on this form.

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 Conway Arkansas, The Conway Police Department, the National Traffic Safety Academy, their instructor(s) and the facilities utilized to conduct this program 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.

Student's Signature

Date



CONWAY POLICE DEPARTMENT



PARENT/GUARDIAN STATEMENT OF PERMISSION AND RELEASE OF CLAIMS

Student Name _____ **Class Date:** _____

I hereby give my consent for the above-named student to participate in the Collision Avoidance Training Program. I hereby state this consent is given with the understanding that:

- (1) The training course involves moving vehicles being operated by inexperienced drivers
- (2) The above-named student will be operating a vehicle with the express written consent of the owner of the vehicle
- (3) Damage may occur to the vehicle that the above-named student is driving or to other vehicles involved in the course
- (4) The above-named student's participation in this course subjects the student to a risk of serious, catastrophic, permanent injury, or even death

If I am not the owner of the vehicle which the above named student intends to use while taking this course, I hereby certify that the owner has consented to the use of his/her vehicle and has authorized the use by completing the VEHICLE OWNER'S STATEMENT OF PERMISSION AND RELEASE OF ALL CLAIMS below. I hereby certify that the vehicle which the above-named student intends to use in this course is in good working order, including the vehicle's brakes, suspension, steering and tires.

I understand the program will be lead by certified law enforcement instructors. However, I hereby release and agree to hold harmless the City of Conway Arkansas, the Conway Police Department, the National Traffic Safety Academy, their instructor(s) and the facilities utilized to conduct this program 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.

Parent/Legal Guardian Signature

Date

VEHICLE OWNER'S STATEMENT OF PERMISSION AND RELEASE OF ALL CLAIMS

I hereby certify that I am the owner of the vehicle, which the above-named student intends to use while taking this training course and hereby consent to such use. I hereby certify that this vehicle is in good working order, including the vehicle's brakes, suspension, steering and tires. I understand that the training course involves moving vehicles being operated by inexperienced drivers and that damage may occur to the vehicle or to the other vehicles involved in the course. I understand the program will be lead by certified law enforcement instructor. However, I hereby release and agree to hold harmless the City of Conway Arkansas, the Conway police department, the National Traffic Safety Academy, their instructor(s) and the facilities utilized to conduct this program 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.

Vehicle Owner's Signature

Date