

Beaumont Police Department

255 College St. Beaumont, Texas 77701

409-880-3817 FAX 409-880-1010



Collision Avoidance Training



Permission Statement and Release of Claims

Student's Name _____ Class Date _____

I hereby request that the student named above be allowed to participate in the Collision Avoidance Training course. I further state that I give my consent for the student named above to participate with the understanding that:

- (1) The training course involves moving motor vehicles being operated by inexperienced drivers.
- (2) The student named above 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 student named above is driving, or to other vehicles involved in the course.
- (4) Participation in this course by the student named above subjects the student to a risk of serious injury or death.

I understand the program will be led by certified instructors. However, I hereby release and agree to hold harmless the City of Beaumont, the Beaumont Police Department, the National Traffic Safety Academy, the instructors, the facilities and locations utilized to conduct this program from any and all liability, claim, cause of action, damages, personal injury or death arising out of, or in connection with participation in the Collision Avoidance Training Program.

Student Signature

Parent / Legal Guardian Signature (required for students under 18)
