

Beaumont Police Department

255 College St. Beaumont, Texas 77701

409-880-3817 FAX 409-880-1010



Collision Avoidance Training



Vehicle Owner Permission Statement and Release of Claims

Student's Name _____ Class Date _____

I hereby certify that I am the owner of the vehicle listed below, which the student named above 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 motor vehicles being operated by inexperienced drivers, and that damage may occur to the vehicle or other vehicles involved in this course.

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.

Vehicle Year, Make, Model, License Number

Vehicle Owner's Signature
