



DEFENSIVE DRIVING COURSE

YOUR BOOKING: PLEASE COMPLETE IN FULL & RETURN WITH FULL PAYMENT

YOUR NAME: _____ (AS WILL APPEAR ON COURSE CERTIFICATE)

PROPOSED COURSE DATE: _____ DATE OF BIRTH: ____/____/____

POSTAL ADDRESS: _____ POSTCODE: _____

E-MAIL ADDRESS: _____ CONTACT PHONE #: _____

EMERGENCY CONTACT PHONE #: _____ ASK FOR: _____

YOUR LICENCE NUMBER: _____ TYPE: LEARNERS PROVISIONAL OPEN

OR I WILL OBTAIN MY LEARNERS AND SUPPLY THE LICENCE NUMBER TO SDT BEFORE ATTENDING COURSE

NOTE: ALL PARTICIPANTS MUST BE ABLE TO DRIVE, BRAKE, CHANGE GEARS (IF MANUAL) & STEER A CAR

PAYMENT DUE: (\$180.00) SPECIAL RATE FOR EATONS A1 DRIVING SCHOOL

MONEY or CASH ORDER ENCLOSED FOR: \$ _____

DIRECT BANK DEPOSIT: Account Name: Eatons A1 Driving School
BSB Number: 638 060 Account Number: 7112491 Bank: Heritage Building Society

CHEQUE ENCLOSED: \$ _____ (CHEQUE PAYABLE TO EATONS A1 DRIVING SCHOOL)

BY ENROLLING YOU AGREE THAT IF ANY CHEQUES DO NOT CLEAR ON THE FIRST BANKING THAT YOU WILL PAY ALL SUBSEQUENT CHARGES. UNDER NO CIRCUMSTANCES WILL A REFUND OR REBOOKING BE AVAILABLE FOR NON- ATTENDANCE UNLESS CANCELLATION IS RECEIVED MORE THAN 2 DAYS IN ADVANCE.

BUS TRANSPORT: (SUPPLIED FOR GROUPS) BUS DEPARTURE & RETURN TIMES WILL BE CONFIRMED WITH YOU PRIOR TO THE COURSE. A SAFE DRIVING VIDEO IS PLAYED DURING THE BUS TRIP TO AND FROM THE TRAINING CENTRE.

This section must be completed

TO SAFE DRIVE TRAINING IN CONSIDERATION OF SAFE DRIVE TRAINING AGREEING TO PROVIDE PRACTICAL INSTRUCTION IN THE TECHNIQUES OF DEFENSIVE DRIVER TRAINING, I, THE UNDER SIGNED, SEVERALLY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, DO HEREBY;

1. Release and discharge Safe Drive Training and its principals, it's employees, agents, sponsors and servants from all actions, suits, causes of actions and/or suits, claims and/or demands whatsoever that might at any time hereafter arise against Safe Drive Training and its principals, its employees, agents or servants for, or in respect of, any death or injury to myself or any person or company howsoever arising, or any loss or damage to property howsoever arising or occurring in the course of or in connection with practical defensive driver training.
2. Agree to keep Safe Drive Training and its principals, its employees, agents, sponsors and servants indemnified from, and against, all actions, suits, causes or action, claims and demands whatsoever, which I or any person or company may at any time hereafter have against Safe Drive Training and its principals, its employees, agents or servants for, or in respect of, any death or injury to myself or any person, or any loss or damage to property arising in the course of, or in connection with, the participation by me in such practical defensive driver training.
3. Acknowledge that I have read this entire enrolment document and understand the document and its legal consequences.

I (participant's signature) _____ acknowledge my consent & confirm the information above is accurate.

IF UNDER 18 PLEASE COMPLETE, I (PARENT/GUARDIAN FULL NAME) _____
being the parent/guardian of the above named hereby consent to their participation on the terms and conditions shown.

(PARENT/GUARDIAN SIGNATURE) _____ DATE: ____/____/____

EATONS A1: PHONE: 3325 0155 EMAIL :eatonsa1@optusnet.com.au

POSTAL ADDRESS : 4 SONYA COURT, EATONS HILL QLD 4037

COURSE CONDUCTED BY SAFE DRIVE TRAINING: PHONE : 3801 3222 EMAIL : info@sdt.com.au