***1 Stop Defensive Driving & DUI* / DI 2114**
www.1StopDriving.com
111 SE Hwy 80
Pooler, GA 31322
912-988-3063

5010

Name:_____Date(s) of Class: _____

Address: _____ Time(s) of Class: _____

_____ Class Intent: **Points - Reinstatement / Insurance / Other**

Date of Birth:_____Type of Course: _____Driver Improvement_____

Driver's License No.: _____Telephone #:_____

Social Security#.: _____Amount Paid: $_____

I, the undersigned student, agree to complete the above course, consisting of classes for _____hours each, totaling _____ hours of instruction by the above-name driver improvement clinic. It is understood that this Clinic is certified by the Georgia Department of Driver Services (DDS) in accordance with Georgia Law Title §40-5-80 (DRIVER IMPROVEMENT ACT) and the rules and regulations adopted thereunder and that each instructor is certified by the DDS.
This course is approved by the DDS.

The student's successful completion of the above-named course requires each of the following:

1. Attendance at all classes sober and free from illicit drugs.
2. Attendance on time for all sessions.
3. Reasonable attentiveness and participation in all classes.
4. Attendance at all sessions unless medically excused.
5. All sessions must be completed within 60 days.
6. Successfully passing a written or oral examination with a grade of at least 70.

This driver improvement clinic will not refund any tuition or part of tuition if the Clinic is ready, willing, and able to fulfill its part of this contract. I understand that if I fail to comply with the terms and conditions of this agreement, I am in breach of contract and the school will not be under any obligation to fulfill the terms of this contract, and may, at its option, terminate this agreement immediately.

It is agreed that an owner, instructor, or employee of this Clinic shall not give the impression to a student that upon completion of their instruction this Clinic will guarantee the securing of a driver's license to operate a motor vehicle. However, immediately upon the student's successful completion of the course as described above, the Clinic agrees to provide certification of said completion to the student.

This Clinic has and will maintain for the protection of the contractual rights of the student a performance bond in the principal sum of ten thousand ($10,000.00) dollars for the students to be written by a company authorized to do business in the state of Georgia.

This agreement constitutes the contract between the above-named driver improvement clinic and the above-named student and no verbal statements will be recognized.

_____ _____

Signature of Student Date Signature of Authorized Clinic Representative Date