



**T. A. D. D.**  
***Teens Against Distracted Driving***

**a teenage safe driving course.**

**In Partnership with the Community, Liberty Mutual Insurance, and the Alexandria Police Dept.**

**APPLICATION PACKET**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_

**How Long Have You Been Driving?** \_\_\_\_\_



**Campbell County!**

**INSTRUCTION SHEET**  
**for**  
**Permission/Release Documents**

Dear Student,

For you to participate in this course, you must properly complete all the attached documents. Although we will exercise the utmost safety for all our participants, accidents do happen. Therefore we will need to have photocopies of your auto insurance and health insurance cards submitted with your documents. We plan to present a very educational and enjoyable course, and hope you will take that information with you for the remainder of your driving career.

Alexandria Police Department  
Liberty Mutual Insurance Co.

**PAGE 1: PERMISSION & RELEASE AGREEMENT**

- Please read the entire page
- Fill-in the top line with the students name
- After reading each block, the student and parent/guardian initials in the left column.

**PAGE 2: PARTICIPANT AND PARENT OR LEGAL GUARDIAN AFFIDAVITS**

- Student completes top section, printing name in top line, sign and date where indicated
- Parent/Guardian completes bottom section, printing name in top line, sign and date where indicated

**PAGE 3: EMERGENCY CONTACT INFORMATION**

- This is just in case. Our class is conducted in a very safe and controlled manor.

**PAGE 4: MOTOR VEHICLE & HEALTH INSURANCE INFORMATION**

- Please complete the information.
- Attach a photo copy of a vehicle insurance card, one in which your child is covered under. It does not have to have their name on it.
- Attach a photo copy of your child's health insurance card.

## PERMISSION & RELEASE AGREEMENT

In consideration of \_\_\_\_\_ (“Participant”) being permitted to participate in the Alexandria Police Department Teen Driving Class, I hereby state and agree to the following:

<p>_____/_____ Initials of Participant &amp; Parent/ Guardian</p>	<p>The Participant and/or his/her parent/legal guardian, including his/her heirs, next of kin, executors and administrators, hereby voluntarily assumes all risk of accident, injury, or damage to Participant’s person and property and hereby releases, discharges and holds harmless Chester Dix Alexandria Corp. (“Owner”), the owner of the real property at which the driving portion of the Class will be held, the City of Alexandria, Kentucky, the City of Alexandria Police Department, its officers, Mayor, council members, employees, agents and insurers, including, but not limited to, all Police Department personnel, from every and any claim, liability, or demand of any kind including, but not limited to any personal injury or damage, including death, or injury or damage to property of any kind sustained, arising out of Participant’s participation in the Alexandria Police Department Teen Driving Class, whether or not caused by the negligence of the Owner, the City of Alexandria, the City of Alexandria Police Department, its officers, Mayor, council members, employees, agents or insurers, including, but not limited to, Police Department personnel.</p>
<p>_____/_____ Initials of Participant &amp; Parent/ Guardian</p>	<p>The Participant and/or his/her parent/legal guardian, including his/her heirs, next of kin, executors and administrators, hereby agrees to indemnify, defend and hold harmless the Owner, the City of Alexandria, the City of Alexandria Police Department, its officers, Mayor, council members, employees, agents and insurers, including, but not limited to, all Police Department personnel, from any claim, liability or demand of any kind, including payment of all legal fees and expenses, which may arise against any or all of them resulting in any way from Participant’s participation in the Alexandria Police Department Teen Driving Class.</p>
<p>_____/_____ Initials of Participant &amp; Parent/ Guardian</p>	<p>The Participant is currently covered by a valid health insurance policy including, but not limited to, coverage for any accidental death and/or any physical injury of any kind that may be sustained during the Alexandria Police Department Teen Driving Class, which may require medical care of any kind including first aid, emergency treatment and/or transportation, outpatient treatment, surgery, follow-up medical care, and/or hospitalization. The Participant and/or his/her parent/legal guardian shall provide a copy of proof of valid health insurance prior to participation in the Class.</p>
<p>_____/_____ Initials of Participant &amp; Parent/ Guardian</p>	<p>The Participant is currently covered by a valid motor vehicle insurance policy including coverage for any personal injury or property damage of any kind occurring as a result of his/her participation in the Alexandria Police Department Teen Driving Class and that such motor vehicle insurance will apply to any motor vehicle driven by the Participant, including any motor vehicle owned by the City of Alexandria Police Department or City of Alexandria. The Participant and/or his/her parent/legal guardian shall provide a copy of proof of valid motor vehicle insurance prior to participation in the Class.</p>
<p>_____/_____ Initials of Participant &amp; Parent/ Guardian</p>	<p>The Participant and/or his/her parent/legal guardian, further agrees to be financially responsible for any and all expenses, including but not limited to medical or property damage expenses, that may arise as a result of his/her participation in the Alexandria Police Department Teen Driving Class.</p>

**PARTICIPANT:**

I, \_\_\_\_\_ (Participant), hereby state that I have had the opportunity to read this Agreement and agree to be bound by the terms of it. I further agree to abide by the rules set forth by the City of Alexandria Police Department when I participate in this Class. I acknowledge that the City of Alexandria, the City of Alexandria Police Department and Chester Dix Alexandria Corp. are relying on these representations and releases in allowing me to participate in the Alexandria Police Department Teen Driving Class.

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

**PARENT OR LEGAL GUARDIAN:**

The undersigned parent or legal guardian hereby certifies that he/she has given his/her permission for \_\_\_\_\_ (Participant) to participate in the Alexandria Police Department Teen Driving Class and to complete all in-car portions of the Alexandria Police Department Teen Driving Class in any vehicle owned by the City of Alexandria Police Department or the City of Alexandria, or to provide a personal vehicle owned and insured by the Participant or the undersigned parent or legal guardian. By signing below, the undersigned parent/legal guardian is signing for and on behalf of the minor child and is also agreeing to be personally bound by the terms of this Agreement. The undersigned parent or legal guardian acknowledges that the City of Alexandria, the City of Alexandria Police Department and Chester Dix Alexandria Corp. are relying on these representations, permission and releases in allowing the Participant to participate in the Alexandria Police Department Teen Driving Class.

\_\_\_\_\_  
Parent or Legal guardian's signature

\_\_\_\_\_  
Date

**YOU MUST  
ATTACH A PHOTOCOPY OF THE PARTICIPANT'S  
HEALTH INSURANCE CARD  
AND  
PROOF OF MOTOR VEHICLE INSURANCE.**

**EMERGENCY CONTACT INFORMATION**

<b>Name:</b>	
<b>Address:</b>	
<b>Phone Number(s):</b>	
<b>Relationship:</b>	
<b>Primary Care Physician:</b>	
<b>Additional Information:</b>	

### MOTOR VEHICLE INSURANCE INFORMATION

<b>Name &amp; Address of Insurance Company:</b>		<b>Name of Primary Insured:</b>	
		<b>Relationship of Participant to Primary Insured:</b>	
<b>Policy No.:</b>		<b>Policy Expiration Date:</b>	

### HEALTH INSURANCE INFORMATION

<b>Name &amp; Address of Insurance Company:</b>		<b>Name of Subscriber:</b>	
		<b>Employer of Subscriber:</b>	
<b>Policy/ID No.:</b>		<b>Relationship of Participant to Subscriber:</b>	
<b>Group No.:</b>			

Attach Copies of Health AND Auto Insurance cards. If you do not have access to a copy machine, we will be happy to make the copies for you at the Police Department.