

AAA Northern New England

**GET OUT ALIVE: THE PARENT-TEEN DRIVING CHALLENGE
RELEASE AND ASSUMPTION OF RISK AGREEMENT**

I enter into this Release and Assumption of Risk Agreement both individually and on behalf of the minor child or children identified below (the "Minors") who may participate, whether or not accompanied by me, in the **Get Out Alive: The Parent-Teen Driving Challenge** drivers'-education clinic (the "Clinic") sponsored by AAA Northern New England ("AAA"). I am aware that participating in the Clinic--whether as a driver of, or a passenger in, a motor vehicle, or otherwise--involves inherent dangers, like any activity relating to automobile transportation. I understand that, while a principal purpose of the Clinic is to train parents and their driving-age children to identify and reduce the risks and dangers associated with driving, certain risks and dangers that could conceivably cause me, the Minors, or my or their companions physical or emotional discomfort, loss or damage to personal property (including without limitation my or others' motor vehicles), personal injury, or even death are present in all driving situations. These risks and dangers include, but are not limited to, adverse road or weather conditions, mechanical failure, and operator error. I further understand that no driving techniques learned during the Clinic, and no amount of care on the part of AAA, its employees, directors, agents, or patrons can protect me or the Minors as drivers or passengers of motor vehicles, either while participating in the Clinic or at any other time, from all such risks, and that I must be willing to assume the risk of serious bodily injury or death to myself, the Minors, and others arising from participation in the Clinic by me or by the Minors.

I understand that some of the potential negative consequences resulting from this activity may be mitigated through my purchase, on a private and individual basis, of medical insurance, accident and disability insurance, life insurance, and the like and that AAA does not, and will not, act as an insurer to me or the Minors. I fully understand that, if participating in the Clinic, I and the Minors will be doing so at our own risk, and I represent and warrant that we have adequate insurance to cover any potential loss.

I represent and warrant that I am the parent or legal guardian of the Minors, that I am at least eighteen (18) years of age, and that both I and the Minors are authorized to operate a motor vehicle in the State of Maine. I agree to follow (and to cause the Minors to follow) all instructions and rules posted or provided by AAA, and to wear (and to cause the Minors to wear) a seat belt properly at all times while operating a motor vehicle during the Clinic.

In consideration of, and as part payment for, the right to participate in the Clinic, I hereby assume all of the above risks and hold AAA, its affiliates, employees, directors, agents, and patrons, together with their successors and assigns (the "AAA Parties"), harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind or nature whatsoever, known or unknown, including without limitation, any and all claims based on the negligence, gross negligence, or reckless conduct of any of the AAA Parties, which I or the Minors now have or which may arise out of or in connection with participation by me or the Minors in the Clinic, and I covenant not to sue any of the AAA Parties for such claims. I agree that the AAA Parties are not hereby releasing any claims or causes of action.

THE TERMS HEREOF SHALL SERVE AS A RELEASE AND ASSUMPTION OF RISK FOR ME, MY HEIRS, EXECUTORS AND ADMINISTRATORS AND FOR ALL MEMBERS OF MY FAMILY, INCLUDING THE MINORS.

I HAVE READ THIS RELEASE AND ASSUMPTION OF RISK AGREEMENT AND UNDERSTAND ITS CONTENT AND PURPOSE. IN SIGNING THIS AGREEMENT I DO SO VOLUNTARILY, WITHOUT RESERVATION, WITHOUT ANY ASSURANCE OR GUARANTEE BEING MADE TO ME, AND WITHOUT RELIANCE ON ANY REPRESENTATION MADE TO ME. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Please print clearly

NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____
SIGNATURE: _____
TELEPHONE: _____
DRIVER'S LIC. (#/STATE): _____
WITNESS: _____

MINOR(S) PARTICIPATING:
(1) _____
LIC./PERMIT (#/STATE): _____
(2) _____
LIC./PERMIT (#/STATE): _____
(3) _____
LIC./PERMIT (#/STATE): _____