



JDS CAROLINAS, INC.

PO Box 143

Vanceboro, NC 28586

Local: (252) 244-1220

Fax: (252) 244-0326

E-Mail: jdsvanceboro@gmail.com

Website: www.JDSCarolinas.com

ADULT STUDENT PRIVATE DRIVER EDUCATION CONTRACT

*This contract is made and entered into by and between JDS Carolinas, Inc.,
hereafter called the School and the Student's Name:*

Name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Phone (____) _____

Driver Permit Number _____ Date of Birth: ____/____/____

ADULT DRIVER EDUCATION COST AND DETAILS:

(Please Check Appropriate Selections)

Adult Behind-the-Wheel Session (1.5/Hr.) \$125.00 x ____ hours = \$ _____

Student Pickup Fee (per contract) \$ 25.00 = \$ _____

Total Amount of Payment: \$ _____

Student Signature _____ **Date:** _____

Students must have a Learner Permit for behind the wheel lessons. If you are preparing to take the NC Learner Permit test at DMV, please visit our website for a FREE downloadable practice test to study.

NOTE: PLEASE READ CAREFULLY and initial at the bottom of this page.

The School and the Student agree to the following terms and conditions:

1. No Certificate of Completion will be issued until all fees are paid.
2. The school will complete the course within a reasonable amount of time: delays caused by mechanical failure, unsafe driving conditions due to adverse weather or any other reason over which it has no control, the school will not be held responsible.
3. In the operation of a motor vehicle, there are certain hazards and risks. The student does hereby specifically assume all such risks as may be incurred in the normal operation of a motor vehicle during the course of instruction. Each School vehicle is fully insured with liability coverage in the amount of \$100,000/\$300,000/\$50,000. The student agrees to completely release the school and its associates from any liability and all claims or courses of action resulting and arising from damages or injuries suffered by the student during this course to the extent that claims shall not be covered by the school insurance coverage.
4. An additional fee of \$25 applies (once per contract) if Student requests to be picked up at home or other address.
5. Additional instruction or service if needed (for adults) will be as follows:
 - A. Additional behind-the-wheel instruction at the rate of \$125 per 1.5-hour lesson.
 - B. Use of School vehicle for North Carolina DMV Road test (1/2-hour practice before test and 1 hour for test) at the rate of \$125.
6. Dates and times in-car instruction will be given to Student in advance and adhered. In the event of unforeseen contingencies, the school may make changes as far in advance as possible (no less than 24-hours' notice) and all parties notified by telephone or in-person. The school requires 24-hours' notice by the student to cancel a scheduled appointment. Instructional materials will be provided by the School for the Student's use. The materials will remain the property of the school.
7. The school cannot and does not guarantee that the student, upon completion of the course, will successfully pass the examinations given by the Division of Motor Vehicles or that the Adult driver will pass the driving test. The school does agree to exert its best efforts in teaching the student to meet the requirement of the Division of Motor Vehicles.
8. This contract constitutes the entire agreement between the Student and the School. Verbal assurances or promises not contained herein are not binding in any way on the School or the Student.

I have read the above terms carefully and completely.

_____ Initial Here

Complete and return with payment as instructed below:

- If mailing, send to: JDS Carolinas, INC
PO Box 143
Vanceboro, NC 28586
- If emailing, send to: jdsvanceboro@gmail.com
- If faxing, send to: 252-244-0326

We accept the following payment methods:

Personal Check, Cashier Check, Money Order, Visa, Mastercard, *Venmo*

- If paying by *Venmo*, send payment to @Edwin-Jordan-1
- Please include Debit or Credit Card Information below or call our office @ 252-244-1220 to pay by credit card over the phone.

Debit / Credit Card Authorization (Mastercard or Visa Only)

Name on Card:		
Billing Address:		
City	State	Zip
Amount to Charge: \$		
Card Number:		
Expiration Date:		
CVV Security Code (last 3 digits on back of card)		

We are strictly PCI compliant and therefore do not keep credit card numbers on file.

COVID 19 Protocol and Release

I have received a copy of JDS of the Carolinas' protocol for COVID 19.

I have been informed of the processes that are in place by JDS of the Carolinas and their contracted instructors.

To ensure the safety of both the student and instructors all procedures must be adhered to.

By signing this statement, I am agreeing to comply with all the COVID 19 procedures, and I am releasing JDS of the Carolinas from any liability in connection with COVID 19 on this _____ day of _____, 2022.

(Student Signature)