



**Bridgeway Center** INC.  
Behavioral & Educational Services  
**DRIVING SCHOOLS**

**DUI SCHOOL · DRUG ALCOHOL TRAFFIC EDUCATION · CHEMICAL AWARENESS SCREENING AND EDUCATION  
DRIVER IMPROVEMENT · MONEY MANAGEMENT · ADVANCED DRIVING TECHNIQUES · A+DRIVING SCHOOL**

*Florida Association of DUI Programs Member – The Florida Association of DUI Programs is an organization of licensed, not for profit DUI programs which through education are leaders in promoting alcohol and other drug free driving, health, and public safety.*

First Name	Middle Name	Last Name	Today's Date
Address			Social Security Number
City	State	Zip Code	M            F Sex
Home Phone			Date of Birth
Work Phone			Age
Cell Phone			Place of Birth
Emergency Contact Name:			E-mail address:
Emergency Contact Phone:			How Did You Hear About The Program:
Emergency Contact Address:			

Job/Occupation	Place of Employment
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Please list all prescription medications you are taking:

Have you ever had a seizure? If yes, please explain.  Yes     No

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Do you have diabetes? If yes, please explain.  Yes     No

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Do you have a heart condition? If yes, please explain.  Yes     No

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Do you have any allergies that may result in an emergency (foods or medications)? If yes, please explain.  Yes     No

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Do you have any other medical problems that may result in an emergency situation? If yes, please explain.  Yes     No

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Have you ever attended a course at Bridgeway Center, Inc.?  Yes     No

Signature:	Date	Witness	Date
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Client Name

Driver License Number

**STATEMENT OF VOLUNTARY PARTICIPATION AND RELEASE OF CLAIMS**

I hereby state that this application to participate is entirely voluntary on my part and is made with the understanding of the following: the training course involves moving vehicles being supervised by certified instructors and participation in this course subjects me to risk of serious, catastrophic, permanent injury, or even death.

I hereby release and agree to hold harmless Bridgeway Center, Inc., and their instructors from any and all liability, including any acts of NEGLIGENCE on behalf of an agent or apparent agent of any of these entities or another participant in the course.

Client Signature

Date

Witness

Date

**REVIEW OF DRIVING RECORD RELEASE & COURSE REQUIREMENTS**

I acknowledge that Bridgeway Center, Inc. will from time-to-time review and may copy my Driver License record up to 36 months from the date of this program. I understand that the information will be used for research/statistical purposes.

**NO REFUNDS**

- Sessions will start promptly at the time assigned.
- No one will be allowed to ATTEND THE SESSION WITH ANY AMOUNT OF ALCOHOL OR CONTROLLED SUBSTANCE IN HIS/HER BODY. Attending the course with ANY AMOUNT OF ALCOHOL or illegal drug in your body will result in FULL REPAYMENT OF FEES.
- Any client with a problem regarding Driving Schools services is welcome to speak to the program manager at 850-833-7474. If the program manager cannot resolve the problem, call the Bridgeway Center, Inc. Quality Improvement Program at 850-314-1215.

Client Signature

Date

Witness

Date

Revised: 8/25/06

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351 N Ferdon Blvd

Fort Walton Beach, FL 32548-4443  
Crestview, FL 32536-2727

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Phone (850) 689-7938

Fax (850) 689-7834