



CLIENT CONTRACT

A State of North Carolina Department of Motor Vehicles Licensed Commercial Driving School

1. **This contract** between Driver Rehabilitation Services, P.A., hereafter referred to as the School and Name: _____ Address: _____,

hereafter referred to as the Client, covers Driver Evaluation/Education that encompasses:

- A. Clinical and Behind the Wheel Driver Evaluation
- B. Driver Training
- C. Vehicle Fitting
- D. Consultative Services to address driving needs and or vehicle/equipment interface needs
- E. Other: _____

Terms of Agreement: This agreement shall be in full force and effect for the period commencing: _____

2. **Equipment** - The Driving Instructor shall provide a dual-controlled automatic transmission automobile, approved by the Division of Motor Vehicles, equipped with hand controls, steering devices, a left foot accelerator, and other equipment as needed.

3. **Insurance** - Each vehicle used by Driver Rehabilitation Services shall be insured by a company licensed to do business in North Carolina against liability in the amount of at fifty thousand (\$50,000) because of injury to or destruction of property of others in any one accident, one hundred thousand dollars (\$100,000) because of bodily injury to or death of one person in any one accident, and three hundred thousand dollars (\$300,000) because of bodily injury to or death or two or more persons in any one accident.

4. **Payment** for the above services may be made by cash or check or credit card or be billed to a third party funding source which has pre-authorized services. If insurance of another funding source is not guaranteed, then payment in full is expected at the time of the service delivery. Checks should be made payable to: DRIVER REHABILITATION SERVICES, P.A.

5. **Dates and times for service(s)** will be strictly adhered to; however, in the event of unforeseen contingencies, the Client, or the School, may make changes to the schedule as needed. Such changes must be made as far in advance as possible and all parties notified by telephone, or in person, in each case.

6. **Should the Client fail to be at the place of appointment, a cancellation fee of 50%** of the expected rate per incident will be charged. By the same token, should the School fail to keep an appointment without notifying the Client in advance of a change in schedule, the next appointment will be conducted at half price; however, the reduced rate will apply only to the total number of service appointments canceled by the School without prior notification to the Client. Being late for an appointment does not constitute a cancellation, even though the client may prefer not to drive at the later time.

7. **I realize that either my physician or the therapist** may in their professional judgment, decide to terminate my participation in the Driving Program at any time to ensure my safety and the safety of others.

8. **Driver Rehabilitation Services, P.A., does not guarantee** that the Client will successfully pass the Division of Motor Vehicles License Examination upon completion of the course of instruction; however, the School will exert every effort in preparing the Client to more than meet the requirements of the examination when applicable.

9. **This contract** constitutes the entire agreement between the Client and the School. Verbal assurances or promises not contained herein are not binding in any way on the Client or the School.

10. **By the below signature**, the Client certifies that he/she is not currently indebted to any licensed commercial driving school and agrees to adhere to the contents of this contract.

Client Signature /Date

Learner's Permit or License #

Parent's Signature (when applicable)/Date

DRS Representative/Date