



Public Health
Prevent. Promote. Protect.
Greene County



Greene County Public Health

Melissa Howell MS, MBA, MPH, RN, REHS, Health Commissioner
Kevin L. Sharrett, MD, Medical Director

Parents or Guardians: please complete and sign the affidavit below:

I, _____ (parent/guardian name), confirm that _____ (student name) has not received teen driving education in the State of Ohio. All information in the application and supporting documentation has been provided truthfully. I understand this scholarship can only be used to attend select driving schools. I understand there will be a \$50 non-refundable fee to participate in the program, paid to the driving school. I understand that if my child does not complete the program or misses scheduled drives, I may be liable for additional fees. I understand my child will be required to provide feedback to the Ohio Department of Public Safety in the form of an online survey, prior to and after drivers' education. Finally, I consent that my child may participate in this program. I understand and agree that Greene County Public Health (GCPH) is in no way a provider of driver education training under the terms of this Agreement and is only providing funding for driver education classes through DriveRight Driving School LLC, D & D Driving Schools Inc, and or Public Safety Driving School through the Drive To Succeed grant received by Greene County Public Health. This Agreement is solely for the purposes set forth herein, and shall create no other relationship between myself, my child and GCPH or Greene County. I agree to protect, defend, indemnify, and hold GCPH, its officers, employees, and agents, and the Greene County Board of Health free and harmless from and against any and all loss, damage, liability, injuries, medical conditions, and costs or expenses as may arise, or may be caused in any way , including, but not limited to, attorney's fees, out of or in connection with any acts or omissions, negligent or otherwise, of myself or my child or by participation in the selected driver's education program,. By signing below, I hereby agree to all the above terms and conditions.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____