

## **Tutor Release Of Liability**

In exchange for choosing to drive with my student, or others that are affiliated with READ Ottawa of 430 E. 8th St. #140, Holland, Michigan, 49423.

l,		Name	,
of		,,, Michigan,	
	Address	City	Zip Code
on	agree for myself to the following:		
	Date		

- If I elect to transport a READ Ottawa learner, his or her friends or family, in any motorized vehicle, at any time, I understand that there are certain inherent risks associated with the above-described activity. I release and discharge READ Ottawa for injury, loss or damage arising out of operating a vehicle with the above mentioned passengers whether caused by the fault of myself or another party.
- 2. I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing.
- 3. I have a valid driver's license and all insurance required by laws.

## I HAVE READ THIS DOCUMENT AND UNDERSTAND IT.

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I understand and agree this is a legal representation of my signature.