



Hall County/City of Grand Island
Safety Training Option Program
 Enrollment Form



PLEASE PRINT CLEARLY

Today's Date: _____ Class Date: _____

Name: _____
(last) (first)

Address: _____

Home Phone Number: () _____ Work Phone number: () _____

Driver's License Number: _____ Class: _____ Social Security Number: _____

Date of Birth: _____ Sex: Male [] Female []

Citation Number: _____ Date of Citation: _____

Court Date: _____

Agency Citation was issued by: _____ Officer Badge Number: _____

Violation cited for: _____ Court Date: _____

Do you hold a CDL? ____yes ____no (if you answer yes, you are not eligible for this program)

Have you participated in a minor traffic citation diversion in the last (3) years? ____yes ____no (if you answer yes, you are not eligible for this program)

Participants are responsible for eligibility requirements as stated

In consideration for participation in the Safety Training Option Program being conducted by the Nebraska Safety Center, University of Nebraska at Kearney, the undersigned does hereby execute this release and waiver for himself, his heirs, successors, representative and assigned, agrees and represents as follows:

To release the Nebraska Safety Center, University of Nebraska at Kearney, representatives from any and all liability, loss, damage, costs, claims, and/or causes or action, including but not limited to all bodily injuries and property damage arising out of participation in the Safety Training Option Program referred to above, it being specifically understood that said course includes the use by the undersigned and others of vehicles. The undersigned further agrees to indemnify the Nebraska Safety Center representatives and hold them harmless for any claims, judgments, or settlements which may be brought or entered against them as a result of the undersigned's participation in said course. Said indemnification shall include attorney's fees incurred in defending against any claim or judgment and incurred negotiating said settlement. It being understood that the undersigned shall have the opportunity to consent to any such settlement, provided, however, that consent shall not be unreasonably withheld.

The undersigned must have an eligible citation, agrees not to contest the citation, and has not participated in the Safety Training Option Program in the last three years.

Participants with any acute or chronic medical disability or under any physician's care should not actively participate in the in-car phase and takes full responsibility for any participation

SIGNATURE _____ DATE: _____