

Driver Education and Training 510-234 Donald Street Box 6300

Winnipeg, MB R3C 4A4 Phone: 204-985-7199 Toll Free: 1-800-261-9928 Fax: 204-953-4993 Website: www.mpi.mb.ca

| DRIVER Z PARENTAL CONSENT FORM | | | |
|--|--|--|--|
| Applicant Name: | Lord Nove | All Oliver Names | |
| | Last Name | All Given Names | |
| E-mail Address: | | | |
| | I agree to receive course correspond | ence at the following email address | _ |
| Please initial here to | provide consent to receive emails: | | |
| Enrolled school: | | | |
| Authorization | | | |
| I, the undersigned health information. | • | ce ("MPI") to use the applicant's personal informati | ion, including the applicant's personal |
| b. Ve | erify the applicant's eligibility to participate in the | Program; and | |
| | onfirm the ongoing validity of the applicant's drive gned, further authorize MPI to access the Insura | er's licence. ance Work Station to conduct searches of the appli | cant's driving history abstract in order to: |
| a. Ve | erify the correctness of the applicant's name as it | t appears on this application; | , |
| | erify the applicant's eligibility to participate in add onfirm the ongoing validity of the applicant's drive | | |
| | end the applicant correspondence associated wit | th the Program; and Program on the applicant's driving habits and driving | a record |
| | | course information in the Driver Z online website to | - |
| | • | st step in the process of the applicant applying for e applicant's identification documents verified to de | |
| I, the undersi | gned, understand that the undersigned parent of | r legal guardian has the right to submit, in writing, a | 0 , |
| • • | ence while the applicant is a minor. | apply for driver testing services online. Yes | No 🗆 |
| I, the applicant completing the applicant, | nt, agree that any school computers used in the le Class 5L Driver's Knowledge Test. Any other | Driver Z Class 5L test will be used for the sole purpuse whatsoever during testing may result in my immamage I may cause the room, equipment, or netwo | pose of accessing an MPI website and mediate expulsion from the Program. I, |
| 8. I, the applicar | nt, agree to notify MPI of any changes to my sch | ool enrollment information listed above that occur p | |
| vehicle. Incluthe the applicant, | ding but not limited to infractions captured by tra parent or legal guardian of the applicant may re | nfractions, tickets or fines incurred by the applicant ffic enforcement cameras, and that the failure to pa sult in collection actions being taken by MPI again | ay the full amount of the ticket or fines by |
| | int, and/or suspension or expulsion of the applications of the applications of the application of the applic | ant from the Program without a refund. the Program instructors are independent contracto | rs retained by MPI and are not officers or |
| employees of directors, office | f MPI. I do hereby waive any right of action, for a cers, shareholders, employees, subcontractors, | any cause whatsoever, which I may now, or at any partners, volunteers, agents, delegates and other r | time in the future, have against MPI, or its representatives, arising out of the |
| · | | an incident or incidents occurring during the course which the applicant, parent or legal guardian, may | |
| Personal Inju | ry Protection Plan). | | · |
| Program, the undersigned, | course requirements, and the conditions by whi also agree to comply with MPI's Driver Z Progra | derstand and agree to these terms and conditions for the chall character ("Special" Class 5) licence may be as the Registration Guide, as published on the Manitol | cquired and cancelled. I, the |
| | ed as additional terms to the Driver Z application that in order to be eligible for a Manitoba Driver's | n. s Licence, I must sign a consent form permitting MI | PI to verify my birth certificate information |
| with the Mani | toba Vital Statistics Agency, as referenced in the | e Consent to Manitoba Public Insurance and The Normation by Manitoba Public Insur | Manitoba Vital Statistics Agency Sharing |
| | | | |
| Signature of applicant | Co-sig | nature | Date |

