Manitoba Public Insurance
Driver Education Program

Driver Education and Training
510-234 Donald Street Box 6300
Winnipeg, MB R3C 4A4
Phone: 985-7199 Toll Free: 1-800-261-9928
Fax: 953-4977 Website: www.mpi.mb.ca

DRIVER EDUCATION PARENTAL CONSENT FORM

Applicant Name: _____
Last Name All Given Names

E-mail Address: _____
As a courtesy, course reminders will be provided one week in advance for students who provide an email address.

Enrolled school: _____

Authorization

I, the undersigned, hereby authorize Manitoba Public Insurance to use the applicant's personal information, including the applicant's personal health information, to:

a) Administrate the Driver Education Program;
b) Verify the applicant's eligibility to participate in the Driver Education Program; and
c) Confirm the ongoing validity of the applicant's driver's licence.

I, the undersigned, further authorize Manitoba Public Insurance to access the Insurance Work Station to conduct searches of the applicant's driving history abstract in order to:

a) Verify the correctness of the applicant's name as it appears on this application;
b) Verify the applicant's eligibility to participate in additional driver education programs run by Manitoba Public Insurance;
c) Confirm the ongoing validity of the applicant's driver's licence;
d) Send the applicant correspondence associated with the Driver Education Program; and
e) Conduct annual assessments of the impact of the High School Driver Education Program on the applicant's driving habits and driving record.

I, the undersigned, acknowledge that this application is the first step in the process of applying for a Manitoba driver's licence, and authorize Manitoba Public Insurance to take a photo of the applicant, and to have the applicant's identification documents verified to determine eligibility for the licence.

I, the undersigned, understand that the undersigned parent or legal guardian has the right to submit, in writing, a request to the Registrar to cancel the applicant's licence, and the Registrar must comply with such request and cancel said licence while the applicant is a minor.

I, the applicant, agree that any school computers used in the Driver Education Class 5L test will be used for the sole purpose of accessing a Manitoba Public Insurance website and completing the Class 5L Driver's Knowledge test. Any other use whatsoever during testing may result in my immediate expulsion from the High School Driver Education Program. I, the applicant, also agree that I shall be responsible for any damage I may cause to the room, equipment or network in the computer lab and will abide by any other rules that are posted in the school computer lab.

I, the applicant, agree to notify Manitoba Public Insurance of any changes to my school enrolment information listed above that occur prior to my completion of the driver education program.

I, the undersigned, agree to fully reimburse Manitoba Public Insurance for all traffic infractions, tickets or fines incurred by the Applicant while operating a Driver Education training vehicle, including but not limited to infractions captured by traffic enforcement cameras, and that the failure to pay the full amount of the ticket or fines by the applicant, parent or legal guardian of the applicant may result in collection actions being taken by Manitoba Public Insurance against the applicant, parent or legal guardian of the applicant, and/or suspension or expulsion of the applicant from the program without a refund.

I, the undersigned, further acknowledge that I am aware that the Driver Education instructors are independent contractors retained by Manitoba Public Insurance, and are not officers or employees of Manitoba Public Insurance. I do hereby waive any right of action, for any cause whatsoever, which I may now, or at any time in the future, have against Manitoba Public Insurance, or its directors, officers, shareholders, employees, subcontractors, partners, volunteers, agents, delegates and other representatives, arising out of the participation of the applicant in the High School Driver Education Program, or arising out of an incident or incidents occurring during the course of the Program resulting in the injury, disability, or death of the applicant (apart from any benefits to which the applicant, parent or legal guardian, may become entitled to pursuant to the Personal Injury Protection Plan).

I, the undersigned, hereby acknowledge that I have read, understand and agree to these terms and conditions for the applicant's enrolment in the High School Driver Education Program, the course requirements, and the conditions by which a learner's ("Special" Class 5) licence may be acquired and cancelled. I, the undersigned, also agree to comply with the Driver Education Registration Guide which shall be incorporated as additional terms to this application.

_____	_____	_____
Signature of applicant	Co-signature	Date