

PARENT – TEEN SAFE DRIVING CONTRACT

We, _____ and _____, agree
Name of Teen Driver Names of Parents or Guardians
 to the following conditions:

TEEN DRIVER'S RESPONSIBILITIES	VIOLATION CONSEQUENCES (i.e. loss of driving privileges for ___ weeks/months)
Obey all traffic laws such as:	
I will obey all traffic laws and will drive safely so I will not endanger my life or the lives of others.	
I will wear a safety belt at all times, and I will require front seat passengers and all other passengers under age 16 to wear a safety belt at all times.	
I will not consume alcohol or drugs or operate any vehicle under the influence of alcohol or drugs.	
I will not use a cell phone or text while driving including reading, typing, or sending a text message. Exceptions are in place for reporting crashes, crimes, or other emergencies.	
At GDL Level 2, I will not operate a vehicle between the hours of 10 p.m. and 5 a.m. unless I am going to or from work, an authorized activity (such as a school sanctioned event), or am accompanied by one of my parents, a guardian or an adult 21 years or older who has been approved by my parents.	
At GDL Level 2, I will allow no more than one nonfamily member in the vehicle with me except for occasions when it is legal (such as a school sanctioned event or traveling to or from work) and if my parents have given their approval.	
I will not get into the vehicle of a driver who has been drinking or using drugs. I will seek alternate transportation or I will call my parents for advice and/or transportation at any hour from any place. I have talked with my parents and fully understand their feelings regarding underage drinking and the use of illegal drugs.	
Obey parent's rules such as: (Initial all that apply)	
I will state my destination, with whom, time of return, expected weather and my route prior to using any vehicle. I will notify my parents if my plans have changed or I think that I will be more than _____ minutes late. _____ initials	
I will require that all passengers wear a seat belt regardless of their age. _____ initials	
I will not operate a vehicle while tired, overly emotional, eating, drinking, passenger horseplay or other distracting activities. _____ initials	
I will not operate a vehicle during the following weather conditions (circle all that apply): Rain: Light, Moderate, Heavy _____ Snowfall: Light, Moderate, Heavy _____ Fog _____ Other _____ initials	
I will only operate a vehicle on the following roads (circle all that apply): Neighborhood, Local, Highway, Freeway, Other: _____ initials	
I will not let anyone else drive or use the vehicle entrusted to me. _____ initials	
Other: _____ initials	
Other: _____ initials	

PARENTAL RESPONSIBILITIES

(Initial all that apply)

I will listen in a respectful manner to explanations or concerns expressed by my teen driver regarding the operation of a vehicle or the terms of the contract. _____initials

I will provide respectful feedback when accompanying my teen driver in a motor vehicle. _____initials

I will serve as a good role model when operating a vehicle and instill good driving skills and habits when coaching my teen driver. _____initials

In the event of operator impairment as a result of alcohol and/or drugs, I (We) agree to come and get you at any hour from any place, with no questions asked and no argument at that time, or I (we) will arrange transportation to bring you home safely. I (We) expect that a discussion of such an incident would follow at a later time. _____initials

Likewise, I (we) as your parent or guardian, agree to seek safe, sober transportation if I (we) are unable to drive safely. I (We) will not drive if I (we) have been drinking, nor will I (we) ride with a relative or friend who has been drinking. _____initials

COSTS AND MAINTENANCE OF VEHICLE

_____ will be responsible for the following: (indicate dollar amount or percentage of cost)

Name of Teen Driver

_____ Cost of Vehicle	_____ Cost of Fuel	_____ Damage to Vehicle	_____ Insurance Costs
_____ Vehicle Registration	_____ Maintenance Costs	_____ Fines and Penalties	_____ Other

Check all that apply:

_____ Check oil and other fluids regularly	_____ Report unusual performance	_____ Inspect tires and check air pressure	_____ Keep interior and exterior clean
_____ Clear or clean all windows	_____ Refuel when tank is ¼ full	_____ Perform normal maintenance	_____ Other

Additional conditions or responsibilities as agreed to by teen and parents/guardians:

We agree to the terms of this contract, and agree to review it for possible revisions on _____ Date

Signature of Parent or Guardian

Signature of Parent or Guardian

Signature of Teen Driver

Date