

## AARP Driver Safety Course Tuesday May 12



It's that time of year again! Time to update your AARP Driver Safety Course certification!

The AARP Driver Safety Program is the nation's first and largest course for drivers age 50 and older. The program has helped millions of drivers protect their safety on today's roads. AARP has offered its classroom course since 1979, and we will be hosting one here at the Morris Senior Center on Tuesday, May 12, 2020, from 8:30 am - 12:30 pm. (Yes! The class is now offered in a one day, four hour format!!) In this class, you will have the opportunity to tune up your driving skills and update your knowledge of the rules of the road. Also to learn defensive driving techniques and discover ways to handle left turns, right-of-way, highway traffic and blind spots.

The cost is **\$15.00 for AARP members, \$20.00 for non-AARP members**. Checks made payable to "AARP" are required upon registration for the class.

Did you know that upon completion of the course, you may qualify for an automobile insurance discount given by your insurance company? Contact your insurance agent for more details. We hope you'll join us!

Provide the name(s) and signature(s) of participant(s). **Notice:** By signing this form, you agree to the terms of payment AND you attest that you have read, understand, and agree to the following **WARREN PARKS & RECREATION RELEASE STATEMENT**: The Town of Warren (the "Town") expressly disclaims for itself and for its officers, commissioners, employees and agents, all liability for any loss or damage to property or bodily injury or death arising from the related to the undersigned's participation in the Town sponsored activity specified herein and the undersigned hereby knowingly, intentionally and expressly: (1) Assumes the risk for any such loss, damage, bodily injury or death; (2) Releases the Town and its officers, commissioners, employees and agents from all liability for any such loss, damage, body injury, or death; and (3) Waives any claim or cause of action which the undersigned may have against the Town or its officers, commissioners, employees and agents for any such loss, damage, bodily injury or death. Furthermore, if I, the participant, cannot be reached, I give my permission to the physician selected by the Recreation Department or program supervisor to hospitalize, acquire prompt treatment for, and to order injection, anesthesia, or surgery for myself.

NAME 1: \_\_\_\_\_ SIGNATURE 1: \_\_\_\_\_

NAME 2: \_\_\_\_\_ SIGNATURE 2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NO. OF TIX: \_\_\_\_\_ @ \$ 15 or \$20 PER PERSON = TOTAL COST \$ \_\_\_\_\_ aarp

MAKE CHECK (S) PAYABLE TO **WARREN PARKS & RECREATION** and return to **Warren Parks and Recreation, 50 Cemetery RD, Warren, CT 06754**

For Office Use Only: CK# \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_