



Mutual Friends Student Exchange, Inc

1745 Furnace Hill Road Phone: 717-431-8181
 Denver, PA 17517 USA Fax: 717-431-8879

www.mfse.biz vs@mfse.biz mfse@ptd.net

DRIVING CONSENT FORM

STUDENT NAME:		BIRTH DATE:	
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This questionnaire is to be completed by the student's host parents

Is the student 18 or older?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Who will be liable?	
How long have you hosted this student?	<input type="checkbox"/> MORE THAN ONE YEAR <input type="checkbox"/> LESS THAN ONE YEAR		
Does the student use a seatbelt when riding?	<input type="checkbox"/> YES – WITHOUT REMINDING <input type="checkbox"/> NO – NEEDS TO BE REMINDED		
Does the student have genuine need to drive?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Comments:	
Do you approve of this student driving?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Comments:	

Using a scale with 5 being excellent (A) and 1 being poor (F), evaluate the student's readiness to assume the responsibilities of driving considering the categories below.

How would you rate the student's overall academic performance? Rate/comments below:

How would you rate the student's school discipline record? Rate/comment below:

How would you rate the student's observance of time and deadlines? Rate/comment below:

How would you rate the student's adherence to rules and guidelines? Rate/comment below:

How would you rate the student's overall level of maturity? Rate/comment below:

How would you rate the student's overall attitude? Rate/comment below:

SIGNATURE OF HOST FATHER

DATE

SIGNATURE OF HOST MOTHER

DATE

AGENCY USE: Overall average: _____ Note: For students 18 and older, without extenuating circumstances requiring driving, the agency requires an overall average of 3.5 with host parent consent when the student has been known to the host parents for at least one year. For students known to their host parents for less than one year an average of 4.0 is required. All students under 18 require an average of at least 4.0 as well as an adult living in the US to accept liability.



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RELEASE OF AGENCY LIABILITY FOR DRIVING

STUDENT NAME:		BIRTH DATE:	
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I (we) _____,
the natural parent(s)/guardians of _____, a student
enrolled in the Mutual Friends Student Exchange, Inc program, do hereby authorize Mutual Friends
Student Exchange, Inc to allow the aforementioned student to pursue driver permitting and
licensing and grant consent for driving privileges to the aforementioned student. We hereby fully
and completely release Mutual Friends Student Exchange, Inc, its employees, representatives,
agents and host parents from any and all liability associated with, or in any way owing to, the
driving privilege herewith granted unto the aforementioned student.

I (we) agree to hold Mutual Friends Student Exchange, Inc and its staff and representatives and its
host parents completely harmless and fully and completely release Mutual Friends Student
Exchange, Inc and its employees, representatives, agents and host parents from any responsibility
or liability should I (we) be found liable due to any situation arising due to, or owing in any way to,
the granting of driving privileges to the aforementioned student.

I (we) further acknowledge that I (we) shall be fully and completely responsible to ensure that the
aforementioned student has adequate liability insurance coverage. I (we) shall be fully financially
responsible for all aspects of the aforementioned student's driving.

I (we) accept responsibility to fund and provide for professional driver's education. I (we)
understand that neither the agency nor host parents shall not be responsible to provide driving
instruction, either on-road instruction or off-road instruction, to teach the aforementioned student
how to drive an automobile.

I (we) accept that Mutual Friends Student Exchange, Inc shall be in no way liable if the
aforementioned student is unable to be permitted or licensed to drive by the licensing agent in the
state in which the student resides.

I (we) accept that Mutual Friends Student Exchange, Inc shall have the authority to revoke the
driving privilege of the aforementioned student in the event that said agency determines that the
student is abusing his/her driving privilege, driving in an unsafe manner, falling behind
academically or in any other way demonstrates a lack of maturity or respect for this privilege
and/or the rules associated with it.

SIGNATURE OF MOTHER OR LEGAL GUARDIAN

DATE

SIGNATURE OF FATHER OR LEGAL GUARDIAN

DATE

SIGNATURE OF EXCHANGE VISITOR/STUDENT

DATE



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ACCEPTANCE OF LIABILITY FOR STUDENT DRIVING

STUDENT NAME:		BIRTH DATE:	
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To be completed by those accepting liability for this student to drive an automobile

NAME(S)	BIRTHDATE	SOCIAL SECURITY NUMBER	DRIVERS LICENSE INFO			RELATION TO STUDENT
			State	Number	Exp. Date	
ADDRESS			HOME PHONE:			
			OTHER PHONE:			
			OTHER PHONE:			
			EMAIL ADDRESS:			

INSURANCE INFORMATION (ATTACH PHOTOCOPY OF INSURANCE CARD AND DRIVERS LICENSE(S))

COMPANY NAME	POLICY NUMBER	DATES IN FORCE		AGENT'S PHONE NUMBER
		MM/YY	TO MM/YY	

I (we) _____, who am/are _____ of the student named herein, do hereby freely accept full and complete responsibility and liability for the driving privileges of _____, a student enrolled in the Mutual Friends Student Exchange, Inc program. In signing, I (we) certify that I (we) am/are entirely aware of the risks involved in accepting the liability of a young driver and that neither Mutual Friends Student Exchange, Inc nor any of its staff or representatives has encouraged, requested or in any way pressured me (us) to assume such responsibility and/or liability. I (we) agree to hold Mutual Friends Student Exchange, Inc and its staff and representatives and its host parents completely harmless should I (we) be found liable due to any situation arising due to, or owing in any way to, the granting of driving privileges to the aforementioned student.

I (we) promise to fully act as guardians of the aforementioned student clearly developing and outlining the rules and expectations I (we) place upon the student in conjunction with the driving privilege and supervising the student's driving activity. I (we) am/are confident in my/our authority role with this student and shall have established the authority to revoke such privilege should such need arise. We fully understand that Mutual Friends Student Exchange, Inc, its staff and representatives and its host parents will not be responsible for this supervision.

Further, I (we) promise to continuously maintain insurance and liability coverage for the aforementioned student until the student begins to maintain his/her own insurance coverage as an adult; otherwise we shall notify Mutual Friends Student Exchange, Inc and the student's host family each in writing that we shall no longer hold such insurance coverage at which time the student's driving privileges shall be suspended.

SIGNATURE OF LIABLE GUARDIAN DATE

SIGNATURE OF LIABLE GUARDIAN DATE