



Teen-Parent Contract

We, _____ and _____ hereby enter into an agreement covering the use and operation of any vehicle used by _____.

You will be required to pay for the following (%):

- | | |
|-------------------------------------|---------------------------------|
| ___ Cost of Vehicle | ___ Under-age Insurance Costs |
| ___ Cost of Fuel | ___ Collision Damage |
| ___ Damage due to abuse | ___ Costs due to Driving Record |
| ___ Vehicle Registration | ___ Maintenance Costs |
| ___ Full Insurance Coverage | ___ Fines and Penalties |
| ___ Under-B-Average Insurance Costs | |

Your User Privilege Will be linked to Your Grades in School and Performance at Home:

- ___ Doing Duties at Home Properly and on Time
- ___ Showing Proper Respect for Parents and Others
- ___ Complying with Family Regulations
- ___ Attendance, Conduct and Effort at School

You will Lose Your User Privileges These Numbers of Days For Each Traffic Offense or At-Fault Crash:

- | | | | |
|-------------|----------|-------------------|----------|
| 1st Offense | ___ days | Preventable Crash | ___ days |
| 2nd Offense | ___ days | Serious Violation | ___ days |
| 3rd Offense | ___ days | Drugs or alcohol | ___ days |

You are Legally Responsible for Your Actions as a Driver.

We, as Vehicle Owners, are Legally Liable for Damage Done by You as a Driver:

Signed on the _____ day of _____, 20_____

Parent Signature: _____ Parent Signature: _____

Son/Daughter Signature: _____

You will be responsible for the following:

- ___ Check Fluids each Fuel Fill
- ___ Report Unusual Performance
- ___ Report When Fuel is Less Than 1/4 Tank
- ___ Wash and Wax Vehicle
- ___ Have Maintenance Done
- ___ Inspect and Check Tire Pressure
- ___ Clear or Clean all Windows
- ___ Do Normal Maintenance
- ___ Keep Interior Clean
- ___ Other _____

The Maximum Number of Miles and the Maximum Number of Times You May Drive Per Week are (related to grades):

Grades:

- | | | |
|---|--------------------|--------------------|
| A | ___ Miles per Week | ___ Times per Week |
| B | ___ Miles per Week | ___ Times per Week |
| C | ___ Miles per Week | ___ Times per Week |
| D | ___ Miles per Week | ___ Times per Week |
| F | ___ Miles per Week | ___ Times per Week |

You will be Required to Comply with the Following Regulations:

- ___ You will Provide Destination & Time of Return
- ___ Safety Belt will be Fastened at all Times
- ___ Every Passenger must Wear a Safety Belt
- ___ No Drugs or Alcohol in the Car
- ___ You May Not Allow Others to Drive the Car
- ___ You will Call if more than 30 Minutes Late
- ___ Cell Phone Use When Stopped Only
- ___ No more than ___ Passengers in the car