

Central Mass Safety Council
186 West Boylston Street
West Boylston, MA 01583
Tel: 508-835-2333
Fax: 508-835-2869
centralmasafety.com



Welcome to the CMSC Adaptive Program

You have received this packet because you are looking for an appointment for multi-step driving assessments/lessons.

Please **read** all attached forms, fill out completely (incomplete forms may be returned), sign and send back by mail or fax to the info on the header, or email to jbounville@cmscautoschool.com

1. Please send a picture of your license/permit.
2. Please have your doctor fill out the enclosed form **"Occupational Therapy driving evaluation and treatment"** and have them fax it to us at 508-835-2869.

To be scheduled for an appointment, you MUST RETURN ALL FORMS FULLY COMPLETED. Please note that there may be a 1-2-month wait time to be contacted for your appointment.

*Payment must be made within 72 hours of your evaluations and lessons. Evaluations and lessons will not take place without payment unless you are funded by a third party. You may pay online via credit card once your student account is created or write a check/cash and give it to your evaluator or instructor.

Central Mass Safety Council
186 West Boylston Street
West Boylston, MA 01583
Tel: 508-835-2333
Fax: 508-835-2869
centralmasafety.com



INTAKE FORM

Please complete each section that applies to you. All of the requested information is important. Please send a copy of your license or permit with the completed form.

1. CLIENT: MUST BE FILLED OUT

*Name:

*DOB:

*Height (ft/inches):

*Address:

*City, State, Zip:

*Mailing Address (If Different):

*Phone:

*Email:

*Emergency Contact (name and phone number):

2. REFERRAL/FUNDING SOURCE: **REQUIRED FIELD - MUST BE FILLED OUT**

*Are you private pay? **Yes** **No**

*If **YES**, have fees (Evaluation plus travel costs) been explained to you? **Yes** **No**

Central Mass Safety Council
186 West Boylston Street
West Boylston, MA 01583
Tel: 508-835-2333
Fax: 508-835-2869
centralmasafety.com



*If NO, and you have a funding source such as MassAbility, please make sure to fill out the information below

*Funding Source Name:

*Funding Source Email/Contact Info:

3. MEDICAL:

Do you have medical clearance to drive?

Yes

No

If not, please explain:

*Diagnosis:

*Date of diagnosis:

*What are your driving Concerns:

*Who will supervise your driving?

Central Mass Safety Council
186 West Boylston Street
West Boylston, MA 01583
Tel: 508-835-2333
Fax: 508-835-2869
centralmasafety.com



What vehicle(s) will you be driving?

Make:

Model:

Year:

*Will you be bringing a service animal to the evaluations/lessons:	Yes	No
--	------------	-----------

Do you have seizures:	Yes	No
-----------------------	------------	-----------

Date of last seizure

*Do you take daily medication (do not list medications):	Yes	No
--	------------	-----------

4. DRIVING HISTORY:

*** RMV / DMV REQUIRED FIELD**

*Do you have a License?	Yes	No
-------------------------	------------	-----------

Permit?	Yes	No
---------	------------	-----------

Central Mass Safety Council
186 West Boylston Street
West Boylston, MA 01583
Tel: 508-835-2333
Fax: 508-835-2869
centralmasafety.com



*If providing an out-of-state license or permit, how long have you lived in Massachusetts?

License or Permit #

(Please print exactly how it is written include letters)

License or Permit Issue date: _____ Expiration date: _____

Restrictions	Yes	No
--------------	-----	----

*Is your privilege to drive under suspension or revocation?	Yes	No
---	-----	----

Do you currently use adaptive equipment to drive?	Yes	No
---	-----	----

If yes, please describe and where did you acquire it:

If yes, do you have any problems using the equipment?	Yes	No
---	-----	----

*Do you self-restrict your driving?	Yes	No
-------------------------------------	-----	----

If yes, please describe it:



5. COGNITIVE ABILITIES:

*Do you have problems with any of the following? (Please circle all that apply)

Difficulty concentrating on task

Memory difficulties.

Explain (If applicable):

6. PHYSICAL ABILITIES:

Do you have any problems with the following? (Please circle all that apply)

Impaired function:	Left Hand	Right Hand		
Impaired function:	Left Arm	Right Arm		
Impaired function:	Left Foot	Right Foot		
Impaired function:	Left Leg	Right Leg		
Difficulty moving head:	Up	Down	Left	Right
Neuropathy:	Yes	No		
Visual Difficulties:	Yes	No		

Do you use any of the following:

Walker:	Yes	No
Cane:	Yes	No

Central Mass Safety Council
186 West Boylston Street
West Boylston, MA 01583
Tel: 508-835-2333
Fax: 508-835-2869
centralmasafety.com



Crutches: **Yes** **No**

Scooter: **Yes** **No**

Make/Model:

Manual Wheelchair: **Yes** **No**

Make/Model

Seated Height: _____Inches

Power wheelchair **Yes** **No**

Make/Model

Seated Height: _____Inches

Can you independently transfer into/ out of the wheelchair: **Yes** **No**

Can you independently transfer into/ out of a standard sedan type vehicle and/or SUV:

Yes **No**

Can you independently stow your wheelchair, walker, cane etc. When transferring into a vehicle

Yes **No**

Central Mass Safety Council
186 West Boylston Street
West Boylston, MA 01583
Tel: 508-835-2333
Fax: 508-835-2869
centralmasafety.com



How did you hear about CMSC Adaptive Department: (Website, MassAbility, Marketing Event, etc.)?

*The rates of the assessment have been shared/explained to me. By signing below, I acknowledge that I have reviewed and understand the different rates that will be charged for the clinical, in-vehicle assessments, lessons, and travel fees if it pertains.

I have completed the Intake Form fully and to the best of my abilities. All the information provided is factual. I understand that signing below that I give CMSC the right to share my clinical and in-vehicle assessment reports/findings with my referring physician. I also understand all related documents to the evaluation will also be shared with my referring physician.

Client Signature: _____

Date: _____

If client is under the age of 18 or the form was not completed by the client, please have parent or guardian sign below.

Parent/Guardian Signature: _____

Date: _____

Central Mass Safety Council
186 West Boylston Street
West Boylston, MA 01583
Tel: 508-835-2333
Fax: 508-835-2869
centralmasafety.com



Doctor's Order- Occupational Therapy

Must be filled out by an MD, NP, or PA

Office Name: _____

Dr's Name: _____

Address: _____

Phone: _____

Fax: _____

Date: _____

I, _____, approve this order for

Occupational therapy driver assessment and treatment for

_____, D.O.B _____.

(Name of patient)

*****Please fill out diagnosis or form will be returned*****

Diagnosis:

Based on the client's medication, are there any concerns or contraindications that may preclude him/her from driving

Sincerely,

(Signature above)



186 West Boylston St. West Boylston MA 01583. 508-835-2333. centralmasafety.com

TERMS AND CONDITIONS OF AGREEMENT

PARTICIPANTS under 18 years of age MUST have this form signed by a parent or legal guardian.

The parties to this Agreement are you, the "Participant" or, if under 18 years of age, your "Parent/Legal Guardian", and Central Mass Safety Council Auto School, Inc., the parent company, or one of its wholly owned subsidiaries, CMSC Cape Cod Inc. or CMSC South Shore Inc. CMSC also does business as "CMSC Adaptive Driving School", "CMSC Auto School", "CMSC Driving School", "CMSC Cape Cod Driving School", "CMSC Motorcycle Riding School", "CMSC South Shore Driving School", "CMSC Spanish Driving School" and "CMSC Trucking LLC dba CMSC Parker Professional Driving School", any and all hereunder referred to as "CMSC".

As used in this Agreement, the term CMSC shall refer to the entity and its "Agents", being its owner(s), officers, managers, staff, teachers, employees, insurers, sub-contractors, driving instructors, safety course providers, its successors and assigns, and the owners of any vehicles or equipment used by CMSC, and the owner of any property used by CMSC in its programs. This waiver shall apply to any location at which CMSC conducts its programs. And this waiver shall apply to any CMSC "program" which includes, but is not limited to: Driver Education, road lessons, CMSC Skid School, Advanced Driver Training, Disability Driving, Driver Skills Development Program, Fleet Driver Training, Driving Evaluations, Road Test Sponsorship, and Refresher or Warm-up Road Lessons. Finally, this waiver shall apply to all "locations" at which CMSC may provide the programs, including all land, buildings, offices, classrooms, parking lots, and otherwise.

PREAMBLE There are risks inherent in driving a vehicle or motorcycle, the process of learning to drive, and being evaluated while driving. Though CMSC will carry and maintain insurance coverage, including contractual liability for bodily injury, death, illness, and property damage, and though CMSC will reduce risk and enhance safety, risks remain and cannot be eliminated.

PARTICIPANT REPRESENTATIONS In consideration for CMSC and also the Massachusetts Rider Education Program, the Motorcycle Safety Foundation, Inc. any and all training sponsors, the owner or lienholder of the motor vehicles, commercial motor vehicles and training motorcycles and owner or leaseholder of the premises upon which training occurs, including each of their affiliates, subsidiaries, members, employees, officers, coaches, instructors, aides and/or agents, or the Released Parties, furnishing services, equipment, and/or curriculum and permitting the undersigned to participate in driver's education, driver training, commercial driver training, and/or motorcycle rider training, the undersigned Participant or Parent/Legal Guardian agrees to all of the following: Participation in the course requires physical stamina, motor coordination and mental alertness. I hereby attest that I have no known physical or mental limitations, or have disclosed such limitations in writing to CMSC, and have not used or will not use any form of alcohol, or prescription or non-prescription drugs that could impair my performance in or near a motor vehicle, commercial vehicle or on or near a motorcycle. Participants under 18 years of age must have this form signed by a parent or legal guardian IN PERSON at the training location, or this form must be NOTARIZED.

Further, as a material inducement to CMSC's allowing their participation, Participant acknowledges and represents to CMSC as follows:

1. Except to the extent I have provided written detail of the same to CMSC, I have no impairment or condition that would affect my ability to participate in the programs.
2. I will never be under the influence of alcohol, non-prescription or illegal drugs during my time with CMSC. To the extent I am prescribed medication, it is my sole responsibility to consult with my physician about the effects of the same and ensure it will not affect my ability to operate a motor vehicle or motorcycle.

PARTICIPANT REPRESENTATIONS Continued from Page 1:

3. I know my participation in the programs may result in many kinds of injury or adverse health conditions including but not limited to EXPOSURE TO DISEASE (SUCH AS COVID-19), PHYSICAL, EMOTIONAL OR PSYCHOLOGICAL INJURY, STRAIN, FRACTURES, PARTIAL OR TOTAL PARALYSIS, SERIOUS DISABILITY, OR DEATH TO MYSELF AND/OR THIRD PARTIES, AS WELL AS DAMAGE TO MY PROPERTY AND/OR THE PROPERTY OF OTHERS, (hereinafter "INJURY, LOSS and/or DAMAGE").
4. I know that INJURY, LOSS and/or DAMAGE may be caused by CMSC's AGENTS, third parties, other Driving Students or Safety Course PARTICIPANTS, and may arise from foreseeable or unforeseeable causes. If I have brought an automobile, motor vehicle, or motorcycle to use during a TRAINING PROGRAM, I also agree that my release applies to any INJURY, LOSS and/or DAMAGE that occurs to it before, during, or after the TRAINING PROGRAM.
5. By signing this document, I acknowledge that if I incur any INJURY, LOSS and/or DAMAGE, or death, during my participation in any CMSC TRAINING PROGRAM, I may be found by court of law to have waived my right to maintain a lawsuit against CMSC AUTO SCHOOL INC. and its AGENTS.
6. The undersigned understands and agrees that CMSC AUTO SCHOOL is not required to provide insurance to cover Participant in the event of INJURY, LOSS and/or DAMAGE.

ASSUMPTION OF RISK, WAIVER AND COVENENT NOT TO SUE

As a material inducement to CMSC's allowing their participation, Participant agrees, on behalf of themselves, and their heirs and assigns, to waive and release any and all rights the Participant now has or may have in the future, to sue CMSC or its Agents for any INJURY, LOSS and/or DAMAGE to the Participant or their personal property, resulting or arising from, or in connection with the observation, attendance and/or participation in a CMSC program, including but not limited to operating or observing the operation of a motor vehicle or motorcycle, or related parts and equipment, ("VEHICLES, PARTS, and/or EQUIPMENT") and observing or attending a class or driving lesson from inside or outside of a vehicle or otherwise at a CMSC location. This waiver does not apply to any intentional misconduct on the part of CMSC and its Agents. This waiver does apply, however, to all other INJURY, LOSS, and/or DAMAGE that may befall the Participant or their property, regardless of cause.

INDEMNIFICATION AND HOLD HARMLESS

As a material inducement to CMSC's allowing their participation, Participant agrees, on behalf of themselves, their heirs and assigns to hold harmless, defend and indemnify CMSC and its AGENTS, from any and all claims, suits, or causes of action by others for bodily INJURY, LOSS and/or DAMAGE, or loss to property that Participant may cause resulting from, arising out of, or otherwise in connection with his or her observation, attendance or participation at CMSC or any of its programs, including, but not limited to observing or operating a VEHICLE, PART and/or EQUIPMENT.

PHOTOGRAPH / VIDEO RELEASE AGREEMENT

Photo, audio, or video recordings ("IMAGE/RECORDING(S)") may be made and used by CMSC for: publicity; education; safety; advertising; website content; press releases; copyright or otherwise for legitimate business purposes. Participant acknowledges that CMSC vehicles will be equipped with cameras inside the vehicle for safety purposes. Participant also acknowledges that CMSC may/will be recording all online and in person classroom sessions as well as on the premises that CMSC controls and occupies. IMAGE/RECORDING(S) may be edited, and Participant waives the right to inspect or approve any finished product. All IMAGE/RECORDINGS (and any reproductions, plates, negatives, recording tape and digital files) shall remain the property of CMSC in perpetuity and there is no limit to any medium, setting or geography where these materials may be distributed. Participant waives any claim to royalties or compensation arising from IMAGE/RECORDINGS, and releases and forever discharges CMSC and its AGENTS, from all claims, demands, rights, promises, damages and liabilities arising from the distribution of said IMAGES/RECORDINGS including any claims for invasion of privacy, appropriation of likeness or defamation.

FUTURE CONDUCT

Participant agrees and acknowledges that the training provided by CMSC, even in the instance of passing any CMSC program, does not provide any assurance of future conduct or safety, and that the Participant fully waives and releases CMSC from any claim or cause of action that may accrue outside of or following a training from CMSC.

MISCELLANEOUS / FEES

1. PARTICIPANT's observation, attendance, or participation is voluntary, and they elect to observe, attend, or participate despite the inherent risks explained above.
2. This Agreement is always applicable in all LOCATIONS, whether during classes, behind the wheel, operating, observing or otherwise.
3. This Agreement shall be construed and enforced in accordance with Massachusetts law and is intended to be as broad and inclusive as is permitted by applicable law. If any portion is held invalid then the balance shall, notwithstanding, continue in full legal force and effect.

MISCELLANEOUS / FEES Continued from Page 2:

4. Should CMSC or its AGENTS be required to incur attorney's fees and cost to enforce this agreement, PARTICIPANT agrees to indemnify them for all such fees and costs
5. CMSC CENTRAL MASS, CMSC SOUTH SHORE, CMSC METRO WEST: All No-Shows to road lessons or Late Cancellations, made within 24 hours of the appointment, will be charged a \$79 fee.
6. CMSC CAPE COD: All No-Shows to road lessons or Late Cancellations, made within 24 hours of the appointment, will be charged a \$120 fee.
7. CMSC ADAPTIVE DRIVER REHABILITATION: All No-Shows to road lessons or Late Cancellations, made within 24 hours of the appointment, will be charged a \$150 fee.
8. PROCESSING FEE: For all CMSC divisions and locations, except CMSC MOTORCYCLE, there is a \$20 nonrefundable service fee for any purchases under \$200, and a \$40 nonrefundable fee for any purchases over \$200.
9. CMSC MOTORCYCLE: Requests to reschedule must be received by email to info@cmscautoschool.com more than 7 days in advance of class. A fee of \$40 will apply for each request to reschedule. There is no option to reschedule with less than 7 days' notice. Students may reschedule (ONE TIME) to any other similar class within the calendar year. A \$40 cancellation fee applies for the following conditions: to cancel a class and receive a refund (minus the \$40 fee): A request must be sent by email to info@cmscautoschool.com more than 10 DAYS prior to the start date of the course. If you schedule a class within 10 days no reschedule is available. We're sorry, but NO REFUNDS apply for the following conditions: You...do not show up for class, are more than 20 minutes late for class, are dismissed for not having any of the required riding gear listed above, cancel your class LESS THAN 10 days prior to start date, voluntarily leave the class, miss any portion of the class, are dismissed from class for safety reasons, fail the riding test, or you have previously rescheduled any class.
10. All fees apply under any circumstances, including cancellation, withdrawal, or termination by Participant or CMSC.

TERMS OF AGREEMENT

Continued from Pages 1 and 2

I AM AWARE THAT BY SIGNING THIS AGREEMENT, I AM GIVING UP VALUABLE RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM CMSC IN CASE OF "INJURY, LOSS AND/OR DAMAGE" AT ANY CMSC LOCATION OR PROGRAM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF, AND INDEMNIFICATION FOR, ALL CLAIMS.

IF SIGNING ON BEHALF OF A MINOR OR WARD, I UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF THAT MINOR OR WARD AND I REPRESENT AND WARRANT TO CMSC THAT I HAVE THE FULL AUTHORITY TO DO SO.

Print Participant First, Last Name (Below)	Date	Participant Signature (Below)
Print Parent/Legal Guardian First, Last Name If Under 18 Yrs. Old	Date	Parent/Legal Guardian Signature If Under 18 Yrs. Old
Relationship		Relationship
Emergency Contact Full Name		Emergency Contact Number

Enrollment Packet Checklist

Please ensure the following items are completed and included:

- ☐ **Terms and Conditions** – make sure to sign and date the waiver.
- ☐ **Doctor's Order Form** – your doctor must complete the diagnosis section
- ☐ **License/Learner's Permit** –please include a copy of your license or permit
- ☐ **Intake Packet** – please review all pages and confirm they are fully completed, signed and dated.

If you have any questions, please call or text us at (508) 835-2333, or email Jennifer at jbounville@cmscautoschool.com

We appreciate you choosing CMSC's Adaptive Driving Program!