

PROMISE. I promise that I will obey all the rules of the road. Always wear a seat belt and make all my passengers buckle up Obey all traffic lights, stop signs, other street signs, and road markings I promise that I will make sure I can stay focused on driving. Never text while driving (writing, reading, or sending messages) Place the cell phone in the back seat of the car while driving Drive with both hands on the wheel Drive only when I am alert and in emotional control Call my parents for a ride home if I am impaired in any way that interferes with ability to drive safely, or if my driver is impaired in any way Never use headphones or earbuds to listen to music while I drive I promise that I will respect laws about drugs and alcohol. Drive only when I am alcohol and drug free Never allow any alcohol or illegal drugs in the car Be a passenger only with drivers who are alcohol and drug free I promise that I will be a responsible driver. Drive only when I have permission to use the car, and I will not let anyone else drive the car unless I have permission Drive someone else's car, only if I have parental permission	arer	it-Teen Driving Agreement
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RESTRICTIONS:

I agree to the following restrictions but understand that these restrictions will be modified by my parents as I gain more driving experience and demonstrate that I am a responsible driver. For the next months, I will not drive after pm. For the next months, I will not transport more than teen passengers (unless I am supervised by a responsible adult). For the next ____ months, I won't adjust the stereo, electronic devices, or air conditioning/heater while the car is moving. For the next months, I will not drive in bad weather. I understand that I am not permitted to drive to off-limit locations or on roads and highways as listed here: Additional restrictions: PENALTIES FOR AGREEMENT VIOLATIONS Drove while texting (composed, read or sent message or email with phone). NO DRIVING FOR _____ MONTHS Drove after drinking alcohol or using drugs. NO DRIVING FOR _____ MONTHS AND PAY ALL ASSOCIATED COSTS Got ticket for speeding or moving violation. NO DRIVING FOR _____ MONTHS AND PAY ALL FINES AND/OR TICKETS Drove after night driving curfew. NO DRIVING FOR WEEKS/MONTHS Drove too many passengers. NO DRIVING FOR _____ WEEKS/MONTHS Broke promise about seat belts (self and/or others). NO DRIVING FOR WEEKS/MONTHS





Drove on a road or to an area that is off limits. NO DRIVING FOR _____ WEEKS/MONTHS

I agree to follow all the rules an restrictions in this agreement. I understand that my parents will impose penalties, including removal of my driving privileges, if I violate the agreement. I also understand that my parents will allow me greater driving privileges as I become more experienced and as I demonstrate that I am always a safe and responsible driver.

SIGNATURES				
Driver:	Date:			
Parent promise: I also agree to drive safely and to be an excellent role model.				
Parent (or guardian):	Date:			
Parent (or guardian):	Date:			

Adapted from Parent-Teen Driving Agreement Centers for Disease Control and Prevention.(2014). https://www.cdc.gov/parentsarethekey/pdf/patk_2014_teenparent_agreement_aap-a.pdf

