

Family Driving Agreement

Dear Family;

As I continue through the aging process, I realize there may come a day when the advantages of my continuing to drive are outweighed by the safety risk I pose not only to myself, but also to other motorists.

I want to continue driving for as long as is safely possible, but when my driving is no longer safe, I will trust:

(name of trusted friend or relative)

when he/she tells me that I need to discontinue driving, or to continue driving with certain restrictions.

I will maintain my integrity by listening to and accepting this individual's driving-related recommendations, thereby ensuring not only my safety, but also the safety of the motoring public.

Signed _____ **Date** _____
(your signature)

Signed _____ **Date** _____
(by person named above)

Witness _____ **Date** _____

Keeping Us Safe
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