

**Florida Sheriff's Association Teen Driver Challenge**  
**PARENTAL PERMISSION FORM AND RELEASE OF ALL CLAIMS**  
STUDENT INFORMATION

Name of Student \_\_\_\_\_ Age \_\_\_\_\_

Name of School Currently Attending \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name of Parents of Legal Guardian \_\_\_\_\_

Current Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Are there any health issues we should be aware of? \_\_\_\_\_

Is any medication being taken that will in any way effect the safe operation of a vehicle?  
\_\_\_\_\_

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I have been informed that my child's full name, address, date of birth, and driver's license number will be released to the Florida Sheriff's Association Teen Driver Challenge upon request.

I hereby give my consent for the above-named student to participate in the FSA Teen Driver Challenge offered by the Leon County Sheriff's Office.

I state this consent is given with the understanding that:

- (1) The training course involves moving vehicles being operated by inexperienced drivers.
- (2) The above-named student will be operating a vehicle with the express written consent of the owner of the vehicle.
- (3) Damage may occur to the vehicle that the above-named student is driving or to other vehicles involved in the course.
- (4) The above-named student's participation in this course subjects the student to a risk of serious, catastrophic, permanent injury, or even death

If I am not the owner of the vehicle which the above named student intends to use while taking this course, I hereby certify that the owner has consented to the use of his/her vehicle and has authorized the use by completing the VEHICLE OWNER'S STATEMENT OF PERMISSION AND RELEASE OF ALL CLAIMS attached. I certify that the vehicle which the above-named students will use in this course is in good working order, including the vehicle's engine, brakes, suspension, steering and tires.

I HEREBY RELEASE AND AGREE TO HOLD HARMLESS FROM LIABILITY FOR ANY AND ALL CLAIMS, DEMANDS, DAMAGES, ACTIONS, CAUSES OF ACTION, INCLUDING ANY ACTS OF NEGLIGENCE, OR SUITS IN EQUITY, OF WHATSOEVER KIND OR NATURE. THE PARTNERS FOR HIGHWAY SAFETY FOUNDATION, INC., THE LEON COUNTY BOARD OF COUNTY COMMISSIONERS, THE OFFICE OF SHERIFF, LEON COUNTY, FLORIDA, THEIR OFFICERS, EMPLOYEES, INSTRUCTORS, AGENTS OR APPARENT AGENTS AND OTHER PARTICIPANTS IN THE COURSE.

I GIVE PERMISSION TO THE LEON COUNTY SHERIFF'S OFFICE TO USE PHOTOGRAPHS AND/OR VIDEO IMAGES OF MY CHILD FOR MEDIA COVERAGE, OR FOR ANY OTHER USE DEEMED APPROPRIATE BY THE SHERIFF.

(These forms shall be signed before a LCSO representative)

\_\_\_\_\_  
LCSO Representative  
(Witness)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Witness Name Printed

\_\_\_\_\_  
Parent Name Printed

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

BEFORE ME personally appeared \_\_\_\_\_, to me well known to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

Personally known: \_\_\_\_\_

Provided \_\_\_\_\_ as Identification

My Commission expires: