



LEON COUNTY SHERIFF'S OFFICE

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT
SEATBELT CONVINCER / TRAFFIC SAFETY EDUCATION EQUIPMENT

The below listed and signed participant, hereinafter referred to as the **Permittee**, hereby agrees and promises to indemnify and hold harmless the State of Florida, The Florida Department of Transportation, the Florida Sheriffs Association, Leon County Sheriff, and their officers, Deputies, agents, servants or employees, from and against any and all liability, claims, demands, expenses (including attorney's fees), fees, fines, penalties, suits, proceedings, actions and causes of action of any kind and nature arising or growing out of or in any way connected with the use, occupancy, maintenance, or control of the seat belt convincer owned and being demonstrated by the State of Florida, Florida Department of Transportation, the Florida Sheriffs Association, Leon County Sheriff, whether on, in or about aforesaid seat belt convincer or resulting from injury to person, property, or loss of life or property of any kind or nature whatsoever sustained during any time period when the State of Florida, Florida Department of Transportation, The Florida Sheriffs Association and Leon County Sheriff, is allowing the **Permittee** to participate in the demonstration of the seat belt convincer, which is the consideration for the promises and covenants herein made and agreed to by the **Permittee**.

Dated this ____ (day) of _____ (month), _____ (year)

Having requested permission to ride the seat belt convincer being demonstrated by the State of Florida, Florida Department of Transportation, the Florida Sheriffs Association, Leon County Sheriff, I do hereby certify as follows:

1. I am at least 18 years of age or have obtained signatures from parent(s) permitting me to ride (at least one parent/legal guardian must sign); must be given to Instructor for retention.
2. Must be 4 foot 9 inches tall (seatbelt will not configure for less height)
3. I am not pregnant (if female)
4. I am not suffering from a back ailment or injury;
5. I am not recovering from any recent injury or surgery;
6. I have removed eye glasses or contact lenses, if any, and all objects from my pockets

Print Name of Permittee

Parent Name (Printed)

Parent Signature

Permittee Signature

Supervising Instructor