

# FLORIDA SHERIFF'S ASSOCIATION TEEN DRIVER CHALLENGE

## STUDENT INFORMATION

**INCOMPLETE APPLICATIONS WILL BE RETURNED AND THE STUDENT RESCHEDULED FOR ANOTHER CLASS DATE.  
N/A SHOULD BE USED IN AREAS THAT DO NOT APPLY TO THE STUDENT**

What class date are you requesting to attend? _____
Second option if this class is full. _____

NAME <small>(As it appears on driver license)</small>				DATE OF BIRTH 00/00/0000		
RACE	WHITE	HISPANIC/LATINO	ASIAN	SEX	DRIVER LICENSE NUMBER	STATE
	BLACK/AFRICAN AMERICAN			Male		
	HAWAIIAN/PACIFIC ISLANDER		OTHER	Female		
	AMERICAN INDIAN/ALASKAN NATIVE					

STREET ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS <small>(If different than above)</small>				
HOME PHONE	CELL PHONE	HIGH SCHOOL		GRADE
STUDENT EMAIL				
PARENT/LEGAL GUARDIAN			CONTACT PHONE	
PARENT/LEGAL GUARDIAN EMAIL				

Are you taking medication that would affect your ability to operate a vehicle?	Yes	No
Are there any health issues that prevent you from participating in the program?	Yes	No

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

The following documents must be completed and accompany this form at the time of application:

- TEEN DRIVER RELEASE OF ALL CLAIMS
- STUDENT'S STATEMENT OF PARTICIPATION AND RELEASE OF ALL CLAIMS VEHICLE
- OWNER'S STATEMENT OF PERMISSION AND RELEASE OF ALL CLAIMS
- SEATBELT CONVINCER WAIVER (This form will be provided by the Alachua County Sheriff's Office if a seatbelt convincer is used during the course.)
- COPY OF STUDENT'S DRIVER LICENSE AND VEHICLE INSURANCE CARD



**Alachua County Sheriff's Office and Florida Sheriff's Association**  
**PARENTAL PERMISSION FORM AND RELEASE OF ALL CLAIMS**

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 Alachua 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 ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS, THE OFFICE OF SHERIFF, ALACHUA COUNTY, FLORIDA, THEIR OFFICERS, EMPLOYEES, INSTRUCTORS, AGENTS OR APPARENT AGENTS AND OTHER PARTICIPANTS IN THE COURSE.

I GIVE PERMISSION TO THE ALACHUA 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 may be signed before either a Sheriff's Office representative OR a notary public, whichever is more convenient.)

\_\_\_\_\_  
Sheriff's Office 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 \_\_\_\_\_, 2017.

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

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

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

My Commission expires:



**Alachua County Sheriff's Office and Florida Sheriff's Association**

**STUDENT STATEMENT OF VOLUNTARY PARTICIPATION  
AND RELEASE OF ALL CLAIMS**

I hereby state that this application to participate is entirely voluntary on my part and is made with the understanding of the following: (1) the F.S.A. Teen Driver Challenge Training course offered by the Alachua County Sheriff's Office involves moving vehicles being operated by inexperienced drivers; (2) I will be operating a vehicle with the express written consent of the owner of the vehicle; (3) damage may occur to the vehicle that I am driving or to other vehicles involved in the course; and (4) my participation in this course subjects me to risk of serious, catastrophic, permanent injury, or even death.

I hereby certify that the vehicle I 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 ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS, THE OFFICE OF SHERIFF, ALACHUA COUNTY, FLORIDA, THEIR OFFICERS, EMPLOYEES, INSTRUCTORS, AGENTS OR APPARENT AGENTS, AND OTHER PARTICIPANTS IN THE COURSE.

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

(These forms may be signed before either a Sheriff's Office representative OR a notary public, whichever is more convenient.

\_\_\_\_\_  
Sheriff's Office Representative  
(Witness)

\_\_\_\_\_  
Student's Signature

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

\_\_\_\_\_  
Student 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 \_\_\_\_\_, 2017.

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

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

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

My Commission Expires:



**Alachua County Sheriff's Office and Florida Sheriff's Association**

**Vehicle Owner Statement and Release**

Student name: \_\_\_\_\_

I hereby certify that I am the owner of the vehicle, which the above-named student intends to use while taking the F.S.A. Teen Driver Challenge Training course offered by Alachua County Sheriff's Office and consent to such use. I hereby certify that this vehicle is in good working order, including the vehicle's engine, brakes, suspension, steering, and tires. I understand that the training course involves moving vehicles being operated by an inexperienced driver and that damage may occur to the vehicle or to the other vehicles involved in the course.

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 ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS, THE OFFICE OF SHERIFF OF ALACHUA COUNTY, FLORIDA, THEIR OFFICERS, EMPLOYEES, INSTRUCTORS, AGENTS OR APPARENT AGENTS, AND OTHER PARTICIPANTS IN THE COURSE.

(These forms may be signed before either a Alachua County Sheriff's Office representative OR a notary public, whichever is more convenient. You must attach copies of the current vehicle registration and insurance card to this form.)

\_\_\_\_\_  
Sheriff's Office Representative  
(Witness)

\_\_\_\_\_  
Vehicle Owner's Signature

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

\_\_\_\_\_  
Owner 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 \_\_\_\_\_, 2017.

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

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

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

My Commission Expires:



**ALACHUA COUNTY SHERIFF'S OFFICE**  
*Seat Belt Convincer Indemnification Agreement*

---

The below listed and signed participant/parent, hereinafter referred to as the **Permittee**, hereby agrees and promises to indemnify and hold harmless the Alachua County Sheriff, the Alachua County Sheriff's Office and their officers, deputies, agents, servants or employees, from and against any and all liability, claims, demands, expenses (including attorney's fees), fee, 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 Alachua 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 Alachua 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 Alachua County Sheriff's Office, I do hereby certify as follows:

1. I am at least eighteen (18) years of age or have obtained signatures from parent(s) permitting me to ride. (At least one parent/legal guardian must sign this agreement and it must be given to Instructor for retention.)
2. I am at least 4 foot 9 inches tall (The seat belt 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 object from my pockets.

\_\_\_\_\_  
Permittee's Printed Name

\_\_\_\_\_  
Permittee's Signature

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Instructor's Printed Name

\_\_\_\_\_  
Instructor's Signature