

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 or Legal Guardian _____

Current Address _____ Telephone Number _____

Does your child have any health issues that might be impacted by this program, or that might impair their ability to participate? (You are not required to disclose your child's personal health information – this information is being requested so that the Jacksonville Sheriff's Office and Florida Community College at Jacksonville can prepare an appropriate medical response should it become necessary)

Is your child currently taking any medication that might in any way affect the safe operation of a vehicle?

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 and I consent to the release of that data.

I hereby give my consent for the above-named student to participate in the FSA Teen Driver Challenge offered by the Jacksonville Sheriff's Office and Florida Community College at Jacksonville.

I hereby 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, ON BEHALF OF MYSELF AND MY CHILD NAMED HEREIN, 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 CITY OF JACKSONVILLE, THE JACKSONVILLE SHERIFF'S OFFICE, FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE, THEIR OFFICERS, EMPLOYEES, INSTRUCTORS, AGENTS OR APPARENT AGENTS AND OTHER PARTICIPANTS IN THE COURSE.

I GIVE PERMISSION TO THE JACKSONVILLE SHERIFF'S OFFICE AND FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE TO USE PHOTOGRAPHS AND/OR VIDEO IMAGES OF MY CHILD FOR MEDIA COVERAGE, OR FOR ANY OTHER USE DEEMED APPROPRIATE BY THE SHERIFF AND/OR FCCJ.

(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 _____, 2006.

NOTARY PUBLIC

Personally known: _____

Provided _____ as Identification

My Commission expires: