



Pinellas County Sheriff's Office
and the
Florida Sheriffs Association
Teen Driver Challenge

PARENTAL PERMISSION FORM AND RELEASE OF ALL CLAIMS

STUDENT INFORMATION

Name of Student _____ Age _____

Drivers License # _____ State _____

Date of Birth _____ Place of Birth _____

Name of School Currently Attending _____ Grade _____

Current Address _____ City _____ Zip _____

Telephone Number _____ Cell _____

Are there any health issues we should be aware of? _____ If yes, explain:

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

Name of Parents or Legal Guardian _____

Telephone Number _____ Cell _____

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 Pinellas 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 student will use in this course is in good working order, including but not limited to 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 PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS, THE OFFICE OF SHERIFF, PINELLAS COUNTY, FLORIDA, THEIR OFFICERS, EMPLOYEES, INSTRUCTORS, AGENTS OR APPARENT AGENTS AND OTHER PARTICIPANTS IN THE COURSE.

I GIVE PERMISSION TO THE PINELLAS 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 PINELLAS

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: