

Florida Sheriff's Association Teen Driver Challenge
and
Bay County Sheriff's Office

PARENTAL PERMISSION FORM & RELEASE OF ALL CLAIMS

STUDENT INFORMATION

Name of Student _____ Age _____

Name of School Currently Attending _____ Grade _____

Date of Birth _____ Place of Birth _____

Names of Parents or Legal Guardian _____

Current Address _____ Telephone # _____

Are there any health issues we should be aware of? Yes No If yes please briefly explain:

Is there any medication being taken that will in any way effect the safe operation of a vehicle?
 Yes No If yes please list medications:

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 consent for the above named student to participate in the FSA Teen Driver Challenge offered by the Bay 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 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 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 BAY COUNTY BOARD OF COMMISSIONERS, THE OFFICE OF SHERIFF OF BAY COUNTY, FLORIDA, THEIR PARTNERS, THEIR OFFICERS, EMPLOYEES, INSTRUCTORS, AGENTS OR APPARENT AGENTS AND OTHER PARTICIPANTS IN THE COURSE.

I GIVE PERMISSION TO THE BAY 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 an BCSO representative or a Notary Public, whichever is more convenient.)

BCSO Representative
(witness)

Parent/Legal Guardian Signature

Witness Name Printed

Parent/Guardian Name Printed

STATE OF FLORIDA
COUNTY OF BAY

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 _____, Year

NOTARY PUBLIC

Personally known _____

Provided _____ as identification.

My Commission expires:

VEHICLE OWNER'S STATEMENT OF PERMISSION AND RELEASE OF ALL CLAIMS

Student's name: _____

Date: _____

I hereby certify that I am the owner of the vehicle, which the above named student intends to use while taking the Collision Advanced Training Course offered by the Bay 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, 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 BAY COUNTY BOARD OF COUNTY COMMISSIONERS, THE OFFICE OF SHERIFF OF BAY COUNTY, FLORIDA, THEIR OFFICERS, THEIR OFFICERS, EMPLOYEES, INSTRUCTORS, AGENTS OR APPARENT AGENTS AND OTHER PARTICIPANTS IN THE COURSE.

(These forms may be signed by a BCSO representative or a Notary Public, whichever is more convenient.)

You must attach copies of the current vehicle registration and insurance card to this form.

BCSO Representative (witness)

Vehicle Owner's Signature

Witness Name Printed

Owner Name Printed

STATE OF FLORIDA
COUNTY OF BAY

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 _____, Year

NOTARY PUBLIC

Personally known _____

Provided _____ as identification.

My Commission Expires:

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 Collision Avoidance Training Course offered by the Bay 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 ACTIONS, INCLUDING ANY ACTS OF NEGLIGENCE OR SUITS IN EQUITY OF WHATSOEVER KIND OR NATURE, THE PARTNERS FOR HIGHWAY SAFETY FOUNDATION, INC., THE OFFICE OF SHERIFF, BAY COUNTY, FLORIDA, THEIR OFFICERS, EMPLOYEERS, INSTRUCTORS, AGENTS OR APPARENT AGENTS AND OTHER PARTICIPANTS IN THE COURSE.

I GIVE PERMISSION TO THE BAY 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 by either a BCSO representative or a Notary Public, whichever is more convenient. **You must attach copies of your driver's license and insurance card to this form.**)

BCSO Representative (witness)

Student's Signature

Witness Name Printed

Student Name Printed

STATE OF FLORIDA
COUNTY OF BAY

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 _____, Year

NOTARY PUBLIC

Personally known _____

Provided _____ as identification.

My Commission Expires: