



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

## Teen Driver Challenge Student/Parent Instructions

**Thank you for your interest in the Teen Driver Challenge.**

Parents, to enroll your Teenager into the Teen Driver Challenge training, please contact the Alachua County Sheriff's Office Juvenile Relations Bureau at (352) 367-4099. Please call between 7:30am and 5:00pm for registration and additional information.

To expedite the enrollment process, the following forms must be completed, signed, and notarized.

1. The "Parental Permission" form (2 pages).
2. The "Student Statement of Voluntary Participation" form (1 page).
3. The "Vehicle Owner's Statement and Permission" form (1 page). A copy of the student's driver's license and copies of the vehicle to be used, registration and current insurance must be attached to the Owner's Statement form.

### **\*Vehicle Information\***

**The student must provide a vehicle for the driving exercises.**

We recommend that the vehicle should be the one they will drive the majority of the time. The vehicle must be in a good mechanical condition. All equipment on the vehicle must work. Tires and brakes need to be in a better than average condition. A vehicle inspection will be performed on every vehicle before the driving exercises begin.

### **General Information**

Please enter the training program with an open mind and leave any attitudes at home. You will be given breaks and a one hour lunch. Please arrive for each class early which will help us start and finish on time. Have your forms complete and with you. Students with incomplete forms will not be allowed to participate. We recommend that you bring some cold drinks, snacks, and sunscreen with you. Restrooms are available.

**If you have a Learner Restricted license, you must have a fully licensed driver, over the age of 21, in the front seat with you, when you arrive and leave this training. It's The Law!**



# Alachua County Sheriff's Office

## 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 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Are there any health issues we should be aware of?  No  Yes, Explain \_\_\_\_\_  
Is any medication being taken that will in any way effect the safe operation of a vehicle?  No  Yes, Explain \_\_\_\_\_

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 Sheriffs 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.



# Alachua County Sheriff's Office

## Florida Sheriff's Association Teen Driver Challenge Parental Permission Form and Release of All Claims

I HEREBY RELEASE AND AGREE TO HOLD HARMLESS FROM LIABILITY, THE FLORIDA SHERIFFS ASSOCIATION., THE ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS, THE ALACHUA COUNTY SHERIFF'S OFFICE, THE SHERIFF, EMPLOYEES, INSTRUCTORS, AGENTS OR APPARENT AGENTS, AND OTHER PARTICIPANTS IN THE COURSE. 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.

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 an ACSO representative OR a notary public, whichever is more convenient.) **You must attach copies of your driver's license, vehicle registration and current vehicle insurance.**

\_\_\_\_\_  
ACSO Representative (Witness)

\_\_\_\_\_  
Parent/Legal Guardian's Signature

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

\_\_\_\_\_  
Parent/Legal Guardian's Printed Name

STATE OF FLORIDA  
COUNTY OF ALACHUA

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 \_\_\_\_\_, 2012.

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

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

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

My Commission expires: \_\_\_\_\_



# Alachua County Sheriff's Office

## Florida Sheriff's Association Teen Driver Challenge

### 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 Teen Driver Challenge 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 FLORIDA SHERIFFS ASSOCIATION, THE ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS, THE ALACHUA COUNTY SHERIFF'S OFFICE, THE SHERIFF, 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 an ACSO representative OR a notary public, whichever is more convenient.) **You must attach copies of your driver's license, vehicle registration and current vehicle insurance.**

\_\_\_\_\_  
ACSO Representative (Witness)

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

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

\_\_\_\_\_  
Student's Printed Name

STATE OF FLORIDA  
COUNTY OF ALACHUA

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 \_\_\_\_\_, 2012.

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

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

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

My Commission expires: \_\_\_\_\_



# Alachua County Sheriff's Office

Florida Sheriff's Association  
Teen Driver Challenge

## Vehicle Owner's Statement of Permission and Release of All Claims

Student's Name \_\_\_\_\_

I hereby certify that I am the owner of the vehicle, which the above-named student intends to use while taking the Collision Avoidance 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 understand the limited inspection of my vehicle, prior to its use in the Teen Driver Challenge, will only detect obvious defects. This inspection is not intended to detect any and all problems or potential problems. This inspection only qualifies the vehicle's participation in the program.

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 FLORIDA SHERIFFS ASSOCIATION, THE ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS, THE ALACHUA COUNTY SHERIFF'S OFFICE, THE SHERIFF, EMPLOYEES, INSTRUCTORS, AGENTS OR APPARENT AGENTS, AND OTHER PARTICIPANTS IN THE COURSE.

(These forms may be signed before either an ACSO representative OR a notary public, whichever is more convenient. **You must attach copies of the current vehicle registration and insurance card to this form.**)

\_\_\_\_\_  
ACSO Representative (Witness)

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

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

\_\_\_\_\_  
Vehicle Owner's Printed Name

STATE OF FLORIDA  
COUNTY OF ALACHUA

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 \_\_\_\_\_, 2012.

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

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

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

My Commission expires: \_\_\_\_\_

# ALACHUA COUNTY SHERIFF'S OFFICE

## Teen Driver Program

### “Seatbelt Convincer”

- The Seat Belt Convincer is used to educate the Teen Driver about the value of wearing a seat belt.
- The device creates a low speed collision and allows the participant to experience the force generated during a 5 – 7 mph impact.
- The impact of the force at this low speed is designed to “Convince” them to wear their seat belts.





**FLORIDA SHERIFFS ASSOCIATION**

**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, Alachua 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, 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 State of Florida, Florida Department of Transportation, The Florida Sheriffs Association and 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 State of Florida, Florida Department of Transportation, the Florida Sheriffs Association, Alachua 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

HSMV-60056 (10/06)

**FOR ACSO TRACKING PURPOSES ONLY**

Originator: Juvenile Relations Bureau  
Distribution: Original to Alachua County Sheriff's Office  
Juvenile Relations Bureau