



## Polk County Sheriff's Office Teen Driving Confidence Course - Registration Instructions

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Thank you for your interest in allowing your child to attend the Teen Driving classroom and confidence course being offered this year at the Polk County Public Schools.

The Teen Safe Driving Course is offered in two sections:

1. **Classroom instruction**, which is offered at your student's school.
2. **Confidence driving course**, which is offered at the Polk County Sheriff's Office Driving Facility on Tuesday and Thursday (5 pm - 8 pm) the week following classroom instruction.

### Important Information

1. Your child must complete the classroom instruction to be eligible to attend the confidence driving course.
2. Space for the driving course is limited due to instructor limitations and available instruction time. Your child must be at the driving facility promptly at 5 pm on their assigned date.
3. Due to these limitations the driving course portion of this program will be offered on a first come first serve basis. This is based on all forms being completed, emailed in a timely manner, and approved.

### Required Forms

1. **Student Release Form** (Completed and signed by student)
2. **Parental Permission Form** (Completed and signed by parent or guardian)
3. **Vehicle Release Form** (Completed and signed by parent or guardian)

### Required Documents (Copies)

1. Student's valid driver's license or learners permit
2. Registered owner of vehicle's license or State Identification
3. Registration of vehicle that student will be using on the course
4. Current proof insurance for the vehicle the student will be using

**To register** your child for the Confidence Driving Course, please email completed forms and documents to: **Cliff Christello at [cchristello@polksheriff.org](mailto:cchristello@polksheriff.org)**

Once all forms and documents are received, reviewed, and accepted you will receive a follow up email with the date for the confidence driving course and the address of the driving facility. Please do not send your child to the driving course if you have not received the confirmation email.

Questions: Contact Cliff Chistello at [cchristello@polksheriff.org](mailto:cchristello@polksheriff.org)



# Polk County Sheriff's Office

## Teen Driving Confidence Course Student Statement of Voluntary Participation and Release of All Claims

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I hereby release and agree to hold harmless from liability for any and all claims, demands, damages, actions, causes of action, in any acts of negligence or suits in equity, of whatsoever kind or nature, the Polk County Sheriff's Office, Polk County and the Polk County Board of County Commissioners, Grady Judd, as Sheriff of Polk County, a Constitutional Officer for the State of Florida, individually and in his official capacity, all members of the Polk County Sheriff's Office, individually and in their official capacity, and all of their employees, appointees, contractors, sub-contractors, and agents from any and all liability while the student is participating in the Teen Driving Confidence Course. I agree to indemnify all the above named from any loss, liability, damage or cost that may incur while the student is participating in the Teen Driving Confidence Course.

I give permission to the Polk County Sheriff's Office to use photographs and/or video images of the student for media coverage, or for any other use deemed appropriate by the sheriff.

**You must attach copies of your driver license, vehicle registration and current vehicle insurance.**

\_\_\_\_\_  
PCSO Representative (Witness)

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

\_\_\_\_\_  
Parent Name Printed

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



# Polk County Sheriff's Office

## Teen Driving Confidence Course Parental Permission Form and Release of All Claims

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### Student Information

Name of Student \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name of School Currently Attending \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Learner or Driver License Number \_\_\_\_\_

Name of Parent(s) or Legal Guardian \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone Number \_\_\_\_\_

Are there any health issues we should be aware of?  No  Yes, Explain \_\_\_\_\_

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Is student taking any medications that will in any way affect the safe operation of a vehicle?  No  Yes, Explain \_\_\_\_\_

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I have been informed that my child's full name, address, date of birth, and driver license number will be released to the Florida Sheriffs Association Teen Driver Challenge upon request.

I hereby give my consent for the above-named student to participate in the Teen Driving Confidence Course offered by the Polk County Sheriff's Office.

I give my consent for my child to participate 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 (PCSO Form 383) attached. I certify 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.



# Polk County Sheriff's Office

## Teen Driver Challenge Parental Permission Form and Release of all Claims

I hereby release and agree to hold harmless from liability for any and all claims, demands, damages, actions, causes of action, in any acts of negligence or suits in equity, of whatsoever kind or nature, the Polk County Sheriff's Office, Polk County and the Polk County Board of County Commissioners, Grady Judd, as Sheriff of Polk County, a Constitutional Officer of the State of Florida, individually and in his official capacity, all members of the Polk County Sheriff's Office, individually and in their official capacity, and all of their employees, appointees, contractors, sub-contractors, and agents from any and all liability while the student is participating in the Teen Driving Confidence Course. I agree to indemnify all the above named from any loss, liability, damage or cost that may incur while the student is participating in the Teen Driving Confidence Course.

I give permission to the Polk 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.

**You must attach copies of your driver license, vehicle registration and current vehicle insurance.**

\_\_\_\_\_  
PSCO Representative (Witness)

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

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

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



## Polk County Sheriff's Office

### Teen Driving Confidence Course 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 Teen Driving Confidence Course offered by the Polk 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 my 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 Driving Confidence Course, 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, in any acts of negligence or suits in equity, of whatsoever kind or nature, the Polk County Sheriff's Office, Polk County and the Polk County Board of County Commissioners, Grady Judd, as Sheriff of Polk County, a Constitutional Officer of the State of Florida, individually and in his official capacity, all members of the Polk County Sheriff's Office, individually and in their official capacity, and all of their employees, appointees, contractors, sub-contractors, and agents from any and all liability while the student is participating in the Teen Driving Confidence Course. I agree to indemnify all the above named from any loss, liability, damage or cost that may incur while the student is participating in the Teen Driver Challenge.

**You must attach copies of your driver license, vehicle registration and current vehicle insurance.**

### NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE FLORIDA SHERIFFS ASSOCIATION, POLK COUNTY SHERIFF'S OFFICE, POLK COUNTY AND THE POLK COUNTY BOARD OF COUNTY COMMISSIONERS, GRADY JUDD, AS SHERIFF OF POLK COUNTY, A CONSTITUTIONAL OFFICER OF THE STATE OF FLORIDA, INDIVIDUALLY AND IN HIS OFFICIAL CAPACITY, AND ALL MEMBERS OF THE POLK COUNTY SHERIFF'S OFFICE, INDIVIDUALLY AND IN THEIR OFFICIAL CAPACITY, AND ALL OF THEIR EMPLOYEES, APPOINTEES, AGENTS, CONTRACTORS, AND SUB-CONTRACTORS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM**

PLEASE INITIAL ALL PAGES AS READ \_\_\_\_\_

**THE POLK COUNTY SHERIFF'S OFFICE, POLK COUNTY AND THE POLK COUNTY BOARD OF COUNTY COMMISSIONERS, GRADY JUDD, AS SHERIFF OF POLK COUNTY, A CONSTITUTIONAL OFFICER OF THE STATE OF FLORIDA, INDIVIDUALLY AND IN HIS OFFICIAL CAPACITY, AND ALL MEMBERS OF THE POLK COUNTY SHERIFF'S OFFICE, INDIVIDUALLY AND IN THEIR OFFICIAL CAPACITY, AND ALL OF THEIR EMPLOYEES, APPOINTEES, AGENTS, CONTRACTORS, AND SUB-CONTRACTORS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE FLORIDA SHERIFFS ASSOCIATION, POLK COUNTY SHERIFF'S OFFICE, POLK COUNTY AND THE POLK COUNTY BOARD OF COUNTY COMMISSIONERS, GRADY JUDD, AS SHERIFF OF POLK COUNTY, A CONSTITUTIONAL OFFICER OF THE STATE OF FLORIDA, INDIVIDUALLY AND IN HIS OFFICIAL CAPACITY, AND ALL MEMBERS OF THE POLK COUNTY SHERIFF'S OFFICE, INDIVIDUALLY AND IN THEIR OFFICIAL CAPACITY, AND ALL OF THEIR EMPLOYEES, APPOINTEES, AGENTS, CONTRACTORS, AND SUB-CONTRACTORS HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent's Name/Legal Guardian:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

*Date of Birth* \_\_\_\_\_ (*MM/DD/YY*) (*You must be 18 years old or older*)

Driver License # \_\_\_\_\_ State Issued: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_ (MM/DD/YY) Email: \_\_\_\_\_