



Polk County Sheriff's Office

Teen Driving Confidence Course

Student Statement of Voluntary Participation 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 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