



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: _____