



Osceola 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 Training Unit at the Osceola County Sheriff's Office (telephone number 321-697-4436). Please leave a message with your name and telephone number. We will return your call with the available class dates.

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 return them to us prior to your assigned class. 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!



Osceola County Sheriff's Office

Florida Sheriff's Association Teen Driver Challenge

Parental Permission Form and Release of All Claims

Student Information

Name of Student _____ Race: _____ Sex: _____ Age: _____

Name of School Currently Attending _____ Grade _____

Date of Birth _____ Place of Birth _____

Learner or Drivers License Number _____

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 Osceola 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.



Osceola 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 OSCEOLA COUNTY BOARD OF COUNTY COMMISSIONERS, THE OSCEOLA 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 OSCEOLA 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 OCSO representative OR a notary public, whichever is more convenient.) **You must attach copies of your driver's license, vehicle registration and current vehicle insurance.**

OSCO Representative (Witness)

Parent/Legal Guardian's Signature

Witness Name Printed

Parent/Legal Guardian's Printed Name

STATE OF FLORIDA
COUNTY OF OSCEOLA

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 _____, 2009.

NOTARY PUBLIC

Personally known: _____

Provided _____ as Identification

My Commission expires: _____



Osceola 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 Osceola 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 OSCEOLA COUNTY BOARD OF COUNTY COMMISSIONERS, THE OSCEOLA COUNTY SHERIFF'S OFFICE, THE SHERIFF, EMPLOYEES, INSTRUCTORS, AGENTS OR APPARENT AGENTS, AND OTHER PARTICIPANTS IN THE COURSE.

I GIVE PERMISSION TO THE OSCEOLA 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 OCSO representative OR a notary public, whichever is more convenient.) **You must attach copies of your driver's license, vehicle registration and current vehicle insurance.**

OSCO Representative (Witness)

Student's Signature

Witness Name Printed

Student's Printed Name

STATE OF FLORIDA
COUNTY OF OSCEOLA

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 _____, 2009.

NOTARY PUBLIC

Personally known: _____

Provided _____ as Identification

My Commission expires: _____



Osceola 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 Osceola 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 OSCEOLA COUNTY BOARD OF COUNTY COMMISSIONERS, THE OSCEOLA 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 a OCSO representative OR a notary public, whichever is more convenient. **You must attach copies of the current vehicle registration and insurance card to this form.**)

OSCO Representative (Witness)

Vehicle Owner's Signature

Witness Name Printed

Vehicle Owner's Printed Name

STATE OF FLORIDA
COUNTY OF OSCEOLA

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 _____, 2009.

NOTARY PUBLIC

Personally known: _____

Provided _____ as Identification

My Commission expires: _____