

What's Included in the Class

Classroom Topics (2 Hours)

- Vehicle Dynamics
- Human Factors
- Reasonability
- Liability
- Drug and Alcohol Use
- Night Driving
- Aggressive Driving and Road Rage

Driving Exercise (8 Hours- Driving Range)

- Threshold, ABS, and Emergency Braking
- Evasive Maneuvers
- Cornering
- Backing
- Forward and reverse Serpentine
- Figure 8
- Off road recovery
- Skid Control

The Teen Driver Challenge is an effective program providing information and firsthand experience. If comforted with an emergency situation students who completed this course will have the knowledge and skills to react accordingly and reduce the chance of becoming a static.

The teen is requires to have a valid Florida Operators License, or a learners permit for at least six months. Also, the student must have access to a vehicle for the driving portion of the course. This vehicle should be the vehicle he or she will be driving a majority of the time. (The Sheriff's Office will not provide a car for this program.)

Please check the links below for release forms and applications. For further information please call the Sheriff's Office or contact the School Resource Officer at your child's school.

What's Required for Registration

The following documents **MUST** be submitted upon registration:

1. Vehicle Owner's driver's License
2. Student driver's license or permit
3. Vehicle registration
4. Automobile insurance card
5. Student's medical insurance card

Forms

- Wavier and General Release of Liability Relating to Corona-virus/COVID-19.
- Florida Sheriff's Association Teen Driver Challenge Student Information.
- Student statement of voluntary participation and release of all claims.
- Vehicle owner's statement of permission and release of all claims.
- Parental Permission form/ Release of all Claims
- Seat Belt Convincer Indemnification Agreement.

Your are not registered until all documents are provided to the Sheriff's Office.

FLORIDA SHERIFFS ASSOCIATION TEEN DRIVER CHALLENGE

STUDENT INFORMATION

INCOMPLETE APPLICATIONS WILL BE RETURNED AND THE STUDENT RESCHEDULED FOR ANOTHER CLASS DATE

N/A SHOULD BE USED IN AREAS THAT DO NOT APPLY TO THE STUDENT

NAME (As it appears on drivers license)				DATE OF BIRTH 00/00/0000			
RACE	WHITE	HISPANIC/LATINO	ASIAN	SEX	DRIVERS LICENSE NUMBER		STATE
BLACK/AFRICAN AMERICAN		HAWAIIAN/PACIFIC ISLANDER		Male			
AMERICAN INDIAN/ALASKAN NATIVE		OTHER		Female			

STREET ADDRESS			CITY		STATE	ZIP CODE
MAILING ADDRESS (If different than above)						
HOME PHONE	CELL PHONE		HIGH SCHOOL			GRADE
STUDENT EMAIL						
PARENT/LEGAL GUARDIAN					CONTACT PHONE	
PARENT/LEGAL GUARDIAN EMAIL						

Are you taking medication that would affect your ability to operate a vehicle?	Yes	No
Are there any health issues, allergies or disabilities we should be aware of?	Yes	No

Class date requested	County Sheriff's Office	
Were you court ordered to attend, if so, what is your compliance date?		
Yes		No
Number of behind the wheel practice hours	Shirt Size	

STUDENT SIGNATURE

PARENT/LEGAL GUARDIAN SIGNATURE

The following documents must be completed and accompany this form at the time of application:

- TEEN DRIVER RELEASE OF ALL CLAIMS
- STUDENT STATEMENT OF PARTICIPATION AND RELEASE OF ALL CLAIMS VEHICLE
- OWNER'S STATEMENT OF PERMISSION AND RELEASE OF ALL CLAIMS
- SEATBELT CONVINCER WAIVER (This form will be provided by the Sheriff's office if a seatbelt convincer is used during the course.)
- COPY OF STUDENTS DRIVERS LICENSE AND VEHICLE INSURANCE CARD

Waiver and General Release of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

The Florida Sheriffs Association, the agencies that conduct the Teen Driver Challenge Program, and premises upon which training occurs, including each of their affiliates, subsidiaries, members, employees, officers, instructors, aides, and/or agents (the “Released Parties”) cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while participating in this Teen Driver Challenge Course utilizing the Released Parties’ services or premises (collectively, the “Course”). It is not possible to prevent against the presence of the disease. Therefore, if you choose to participate in the Course, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself, and for my family members or others who I may expose, in order to participate in the Course. These services are of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in the Course.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against the Released Parties in connection with exposure, infection, and/or spread of COVID-19 related to my participation in the Course. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence, and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

OTHER TERMS: I fully understand and agree that (a) this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida; (b) if any portion of this Agreement is for any reason held invalid or legally unenforceable, then the balance shall, notwithstanding, continue in full force and legal effect; and (c) I have had the opportunity to ask any questions about this Agreement and I fully understand its terms and meaning.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS WAIVER AND GENERAL RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____ Date: _____

Name (printed): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Waiver and General Release.

Signature: _____ Date: _____

Name (printed): _____

Florida Sheriffs 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 of Legal Guardian _____

Current Address _____ Telephone Number _____

Are there any health issues we should be aware of? _____

Is any medication being taken that will in any way effect the safe operation of a vehicle?

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 Sheriffs 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 _____ 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.

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 _____ COUNTY BOARD OF COUNTY COMMISSIONERS, THE OFFICE OF SHERIFF, _____ COUNTY, FLORIDA, THEIR OFFICERS, EMPLOYEES, INSTRUCTORS, AGENTS OR APPARENT AGENTS AND OTHER PARTICIPANTS IN THE COURSE.

I GIVE PERMISSION TO THE _____ 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 a Sheriff's Office representative OR a notary public, whichever is more convenient.)

Sheriff's Office Representative
(Witness)

Parent/Legal Guardian Signature

Witness Name Printed

Parent Name Printed

STATE OF FLORIDA
COUNTY OF _____

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 _____, 20__.

NOTARY PUBLIC

Personally known: _____

Provided _____ as Identification

My Commission expires:

Florida Sheriffs 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 FSA Teen Driver Challenge Training course offered by the _____ 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 _____ COUNTY BOARD OF COUNTY COMMISSIONERS, THE OFFICE OF SHERIFF, _____ COUNTY, FLORIDA, THEIR OFFICERS, EMPLOYEES, INSTRUCTORS, AGENTS OR APPARENT AGENTS, AND OTHER PARTICIPANTS IN THE COURSE.

I GIVE PERMISSION TO THE _____ 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 a Sheriff's Office representative OR a notary public, whichever is more convenient. **You must attach copies of your driver's license and insurance card to this form.**)

Sheriff's Office Representative
(Witness)

Student's Signature

Witness Name Printed

Student Name Printed

STATE OF FLORIDA
COUNTY OF _____

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 _____, 20__.

NOTARY PUBLIC

Personally known: _____
Provided _____ as Identification

My Commission Expires:

Florida Sheriffs Association Teen Driver Challenge

VEHICLE OWNER'S STATEMENT OF PERMISSION AND RELEASE OF ALL CLAIMS

Student name: _____

I hereby certify that I am the owner of the vehicle, which the above-named student intends to use while taking the FSA Teen Driver Challenge Training course offered by _____ 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 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 _____ COUNTY BOARD OF COUNTY COMMISSIONERS, THE OFFICE OF SHERIFF OF _____ COUNTY, FLORIDA, THEIR OFFICERS, EMPLOYEES, INSTRUCTORS, AGENTS OR APPARENT AGENTS, AND OTHER PARTICIPANTS IN THE COURSE.

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

Sheriff's Office Representative
(Witness)

Vehicle Owner's Signature

Witness Name Printed

Owner Name printed

STATE OF FLORIDA
COUNTY OF _____

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 _____, 20__.

NOTARY PUBLIC

Personally known: _____

Provided _____ as Identification

My Commission Expires:



Seat Belt Convincer Indemnification Agreement

The below listed and signed participant/parent, hereinafter referred to as the **Permittee**, hereby agrees and promises to indemnify and hold harmless the Florida Sheriffs Association, the _____ County Board of County Commissioners, the _____ County Sheriff, the _____ County Sheriff's Office and their officers, deputies, agents, servants or employees, from and against any and all liability, claims, demands, expenses (including attorney's fees), fee, 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 _____ 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 _____ 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 _____ County Sheriff's Office, I do hereby certify as follows:

1. I am at least eighteen (18) years of age or have obtained signatures from parent(s) permitting me to ride. (At least one parent/legal guardian must sign this agreement and it must be given to Instructor for retention.)
2. I am at least 4 foot 9 inches tall (The seat belt 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 object from my pockets.

Permittee's Printed Name

Permittee's Signature

Parent's Printed Name

Parent's Signature

Instructor's Printed Name

Instructor's Signature