

**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: