

Florida Sheriffs Association Teen Driver Challenge

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

Student name: _____

Vehicle Owner's name: _____

Description of Vehicle Owner is permitted Student to operate during the program:

_____(year/make/model, etc)_____

I hereby certify that I am the owner of the above vehicle and I am giving my consent for the above-named student to use my vehicle while taking the FSA Teen Driver Challenge Training course offered by Pinellas County Sheriff's Office. I further 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 that student and student's parent or legal guardian has released PCSO and others from liability for any and all claims for damage.

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 PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS, THE OFFICE OF SHERIFF OF PINELLAS COUNTY, FLORIDA, THEIR DEPUTIES, EMPLOYEES, INSTRUCTORS, AND AGENTS OR APPARENT AGENTS.

(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: