



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 Class, please visit our website at "osceolasheriff.org". Search **Agency Services** and **Youth Programs**, to find the dates available and the application in a downloadable/writeable format.

To complete the enrollment process, the following forms must be filled out, signed, notarized and **scanned in an email** to soteedriver@osceola.org. State the class date you are interested in.

1. The "Student Information" form (1 page).
2. The Covid Waiver form (1 page).
3. The "Parental Permission" form (2 pages).
4. The "Student Statement of Voluntary Participation" form (1 page).
5. The "Vehicle Owner's Statement and Permission" form (1 page).
6. The Florida Sheriff's Association "Hold Harmless" and "Seatbelt Convincer Agreement".
7. Copies of yours and your student's driver's license, vehicle registration, and car insurance of the vehicle to be used during the class must be attached.

Due to the course demand we do require either a \$50 refundable check, Cashier's Check, or Credit Card deposit to hold a seat for the class. Deposits are returned during the classroom portion of the course. If your student does not attend, the check will become a donation to provide materials for future classes.

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. Remove any loose objects from inside. 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. Arrive for class early, which will help us start and finish on time. 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!

Teen Driver Challenge Guidelines

1. Students must be at least 15 years of age and no older than 19 years of age.
2. Students must possess either a valid Learner's Permit or Driver's License.
3. Students are asked to have a minimum of six month's driving experience with a parent or other qualified adult before attending this class. This class is not for beginner training or to teach your student how to drive.
4. The 10 hour classroom presentation and driving exercise will be held at the Osceola County Sheriff's Office Training Facility which is located at 3901 Arthur J Gallagher Blvd, St. Cloud FL, 34771. The class begins at 8:00AM sharp. Students should arrive by 7:45 AM, and provide their own lunch and own vehicle, in good mechanical condition, full of gas and other fluids. The class is from 8:00AM-6:00PM.
5. Students with a Learner's Permit must be accompanied by a licensed driver 21 years of age or older when arriving and anytime leaving the complex or when you are released to go home. Parents do not stay for the class, so travel arrangements for you will need to be made.
6. Parents and/or students will be contacted by email 1 week to 2 days before the set date. This is a confirmation of attendance and instructions pertaining to the day of class. If confirmation is not received before 8:00 AM Friday morning, the student may be removed from the class and replaced.
7. **Due to the course demand we do require either a \$50 refundable check, Cashier's Check, or Credit Card deposit to hold a seat for the class. Deposits are returned during the classroom portion of the course. If your student does not attend, the check will become a donation to provide materials for future classes.**
8. Upon completion of the 10 hour course, the students will receive a completion certificate. Parents may present the Student Workbook and Certificate to their insurance carrier for consideration. WE DO NOT GUARANTEE INSURANCE DISCOUNTS!
9. Any questions you may have, please email soteedriver@osceola.org or call 321-697-4413.

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): _____



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 Driver's 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 _____

Shirt Size _____ Date of class requested ___/___/___ How did you hear about the class? _____

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 Sheriff's 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 SHERIFF'S 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.**

OCSO 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 _____, 20__.

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.**

OCSO 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 _____, 20__.

NOTARY PUBLIC

Personally known: _____

Provided _____ as Identification

My Commission expires: _____



FLORIDA SHERIFF'S ASSOCIATION

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT SEATBELT CONVINCER / TRAFFIC SAFETY EDUCATION EQUIPMENT

The below listed and signed participant, hereinafter referred to as the **Permittee**, hereby agrees and promises to indemnify and hold harmless the State of Florida, The Florida Department Of Transportation, the Florida Sheriff's Association, Osceola County Sheriff, and their officers, deputies, agents, servants or employees, from and against any and all liability, claims, demands, expenses (including attorney's fees), fees, 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 State of Florida, Florida Department of Transportation, the Florida Sheriff's Association, or the Osceola County Sheriff's Office, 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 State of Florida, Florida Department of Transportation, The Florida Sheriff's Association and Osceola 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 voluntarily ride the seat belt convincer being demonstrated by the State of Florida, Florida Department of Transportation, the Florida Sheriff's Association, Osceola County Sheriff, I do hereby certify as follows:

1. I am at least 18 years of age or have obtained signatures from parent(s) permitting me to ride (at least one parent/legal guardian must sign); must be given to Instructor for retention.
2. Must be 4 foot 9 inches tall (seatbelt 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 objects from my pockets.

Print Name of Permittee

Parent Name (Printed)

Parent Signature

Permittee Signature

Supervising Instructor



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 an 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.**)

OCSO 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 _____, 20__.

NOTARY PUBLIC

Personally known: _____

Provided _____ as Identification

My Commission expires: _____

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card): _____				
Card Number: _____				
Expiration Date (mm/yy): _____				
Cardholder ZIP Code (from credit card billing address): _____				

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date