



# 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 in the Teen Driver Challenge Class, please visit our website at "[osceolasheriff.org](http://osceolasheriff.org)". Search **Agency Services** and **Youth Programs in the top dropdowns**, 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 [soteendriver@osceolasheriff.org](mailto:soteendriver@osceolasheriff.org). State the class date you are interested in and we will check availability and email back to confirm. Classes are booked months in advance.

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 your 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 a \$50 Credit Card Authorization Form signed to hold a seat for the class. Deposits are only made if your student does not show or attend class. The charge 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 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 the 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. This is a state grant for teenagers.
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 students 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 8:00 AM sharp. Students should arrive by 7:45 AM, and provide their own lunch and own vehicle, in good mechanical condition, full of gas, air in tires, and other fluids. The class is from 8:00 AM-6:00 PM.
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 they 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 about the day of class. If confirmation is not received before 8:00 AM Friday, the student may be removed from the class and replaced.
7. **Due to the course demand we do require a \$50 Credit Card Authorization Form signed to hold a seat for the class. Charges are only made if your student does not show or attend class. The charge amount 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 [soteendriver@osceolasheriff.org](mailto:soteendriver@osceolasheriff.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				DATE OF BIRTH 00/00/0000	
RACE	<input type="checkbox"/> WHITE	<input type="checkbox"/> HISPANIC/LATINO	<input type="checkbox"/> ASIAN	SEX	DRIVERS LICENSE NUMBER
	<input type="checkbox"/> BLACK/AFRICAN AMERICAN			<input type="checkbox"/> Male	STATE
	<input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER			<input type="checkbox"/> Female	
	<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE	<input type="checkbox"/> OTHER			

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any health issues, allergies or disabilities we should be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Class date requested	County Sheriff's Office
Were you court ordered to attend, if so, what is your compliance date?	
<input type="checkbox"/> Yes <input type="checkbox"/> 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): \_\_\_\_\_

Rev. 06/20



# 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.**

\_\_\_\_\_  
Parent/Legal Guardian's Printed Name

\_\_\_\_\_  
Parent/Legal Guardian's Signature

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.**

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Student's Signature

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

### 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.**)

\_\_\_\_\_  
Vehicle Owner's Printed Name

\_\_\_\_\_  
Vehicle Owner's Signature

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

### Release And Waiver Of Liability For Osceola County Sheriff's Office Training Facility

I, the undersigned, on behalf of myself or my minor child, \_\_\_\_\_, in consideration of the opportunity to visit the Osceola County Sheriff's Office Training Facility in Osceola County, Florida, and/or to use the facilities or equipment, or to participate in activities on Training Facility property, do hereby acknowledge having read, and agree to abide by the rules and regulations pertaining to use of the Osceola County Sheriff's Office Training Facility, and acknowledge receipt of a copy of same; in addition I agree to the terms listed below.

I hereby assume the risk of personal injury or death or property damage or other loss arising from my or my minor child's presence at the Training Facility, the use of the facilities or equipment, or participation in activities on Training Facility property. This may include, but is not limited to, activities at any of the firearm ranges and the driving course.

I understand the Training Facility is used for firearms training involving the use of live ammunition. I understand and accept the inherent risks involved in the use of firearms with live ammunition, including but not limited to, stray bullets, fragmented bullets, ricocheted bullets or fragments, accidental discharges, lead dust inhalation, noise, airborne materials or objects, hearing damage, etc. I further understand and accept that said risks could result in injury, permanent disability, or death to me or my minor child.

I hereby agree to release, hold harmless, indemnify, defend, and forever discharge the Sheriff of Osceola County, Florida ("Sheriff"), and the Sheriff's employees, agents, and representatives, from any and all liability, claims, demands, damages, expenses, fees, fines, penalties, suits, proceedings, actions, and cost of actions, including attorney's fees for trial and appeal, arising from or connected in any way with my or my minor child's presence at the Training Facility, use of the facilities or equipment, or participation in activities on Training Facility property, whether due to my actions or inactions, or my minor child's actions or inactions, or the actions or inactions of others. I understand that this release and indemnity agreement includes damage to firearms, vehicles and/or any other personal property; and any claims based on the negligence, gross negligence, actions or inactions of the Sheriff or the Sheriff's employees, agents, and representatives, and covers bodily injury and property loss, theft or damage, whether suffered by me or my minor child.

For any training or courses that could necessitate or potentially include any physical contact, including but not limited to defensive tactics, I agree and consent to any physical contact that would be necessary for the training or courses. I hereby agree to indemnify and hold the Sheriff's Office harmless for all liability that could result from training or courses that would necessitate or could reasonably potentially include any physical contact.

If my attendance at the Training Facility is related to my employment by a law enforcement or government agency, and is authorized by the agency, I shall be considered on duty, and my employing agency shall be responsible for providing benefits to the same extent as they would be provided for any job-related injury. I further agree that said benefits or entitlements shall be my exclusive remedy. If I am employed by a local government in Florida or by the State of Florida, these provisions may be subject to Florida Statute 768.28. If I am employed by the U.S. Government, these provisions may be subject to federal law.

*\*A letter completed on letterhead and signed by an Agency Head or designee acknowledging on-duty status is required.\**

I hereby authorize the Osceola County Sheriff's Office and its employees or agents to seek emergency medical attention for myself or my minor child in the event of injury or medical emergency. I understand that the cost of said medical care or transportation shall be solely my responsibility.

I understand and agree that my presence at the Training Facility, my use of the facilities or equipment, and my participation in activities on Training Facility property may be terminated at any time by the Sheriff or designee.

I hereby execute this hold harmless and indemnification on behalf of myself and my heirs and assigns. This agreement shall be in effect until withdrawn. I expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida, and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect. I have read and voluntarily signed this Agreement. I agree that this Agreement may only be amended or modified in writing and signed by me and by an authorized agent of the Osceola County Sheriff's Office.

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SIGNATURE

---

DATE

---

PRINT NAME

---

PHONE

---

ADDRESS

---

E-MAIL ADDRESS

---

CITY, STATE, ZIP

*(PRINT OR TYPE NAME, CITY, STATE, ZIP CODE)*

---

AGENCY NAME (IF APPLICABLE)

**Emergency Contact:**

---

NAME

---

PHONE

---

NAME

---

PHONE

Witness  
Signature: \_\_\_\_\_



# Osceola County Sheriff's Office

## Teen Driver Challenge Credit Card Authorization Form

**Please complete all fields. You may cancel this authorization by contacting the School Resource Unit at 321-697-4413 or emailing us at [soteendriver@osceolasheriff.org](mailto:soteendriver@osceolasheriff.org).**

Credit Card Information: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard (No Discover or American Express)

Cardholder Name (Print name as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_ CVV Code (On back): \_\_\_\_\_

Cardholder Zip Code (From credit/debit card billing address): \_\_\_\_\_

I, \_\_\_\_\_ (Name), authorize the Osceola County Sheriff's Office to charge my credit/debit card for the agreed-upon amount of (\$50.00) if my student does not show up for their scheduled class date without prior notification.

\_\_\_\_\_  
(Signature of Card Holder)

**\*\*Please remember that you will only be charged if your student does not show up for the scheduled class date.**

### AGENCY INFORMATION:

Date Card Ran \_\_\_\_\_

Receipt # \_\_\_\_\_

Authorization Code \_\_\_\_\_