



# Brevard County Sheriff's Office and The 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 course, please complete the registration documents and submit along with the required attachments. Your teen's seat in the class **WILL NOT** be reserved until all required documents are received. If you have any difficulty accessing these documents, please contact the Traffic Programs Coordinator at the Brevard County Sheriff's Office at 321-264-7755 or at [teendriver@bcso.us](mailto:teendriver@bcso.us). These forms may be mailed, hand delivered, faxed to 321-225-3041, or emailed. If mailing, please send to: **BCSO, Att: Teen Driving, 700 Park Avenue, Titusville, FL 32780.**

1. The "Parental Permission" form (2 pages).
2. The "Student Statement of Voluntary Participation" form (1 page).
3. The "Vehicle Owner's Statement and Permission" form (1 page) and
4. Copy of teen's license (operator's or learner/restricted), copy of insurance card, and copy of vehicle registration for the vehicle to be used. Note, the name that appears on the vehicle registration document must be the person who signs the vehicle permission form.

### **\*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. A vehicle inspection will be performed on every vehicle before the driving exercises begin.

Please arrive for each class promptly to help us start and finish on time. Students who have not previously registered or with incomplete or invalid forms will **not** be allowed to participate.

**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!**



**Brevard County Sheriff's Office and  
The Florida Sheriff's Association  
Teen Driver Challenge  
Parental Permission Form and Release of All Claims**

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**Student Information**

Name of Student \_\_\_\_\_ Age \_\_\_\_\_  
Name of School Currently Attending \_\_\_\_\_ Grade \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Name of Parents or Legal Guardian \_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Student \_\_\_\_\_ Parent/  
Email \_\_\_\_\_ Guardian Email \_\_\_\_\_  
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 \_\_\_\_\_

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Shirt Size \_\_\_\_\_ Date of class requested \_\_\_\_\_ How did you hear about the class? \_\_\_\_\_

Students must have 15 hours of behind the wheel drive time prior to taking this class. How many hours have you had behind the wheel? \_\_\_\_\_

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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 Brevard 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.



**Brevard County Sheriff's Office and  
The 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 SHERIFFS ASSOCIATION, THE BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS, EASTERN FLORIDA STATE COLLEGE, THE BREVARD 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 BREVARD 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 BCSO representative OR a notary public, whichever is more convenient.) **You must attach copies of your driver's license, vehicle registration and current vehicle insurance.**

\_\_\_\_\_  
BCSO Representative (Witness)

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

\_\_\_\_\_  
Witness Name Printed

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

STATE OF FLORIDA  
COUNTY OF BREVARD

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: \_\_\_\_\_



**Brevard County Sheriff's Office and  
The 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 Brevard 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 BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS, EASTERN FLORIDA STATE COLLEGE, THE BREVARD COUNTY SHERIFF'S OFFICE, THE SHERIFF, EMPLOYEES, INSTRUCTORS, AGENTS OR APPARENT AGENTS, AND OTHER PARTICIPANTS IN THE COURSE.

I GIVE PERMISSION TO THE BREVARD 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 BCSO representative OR a notary public, whichever is more convenient.) **You must attach copies of your driver's license, vehicle registration and current vehicle insurance.**

\_\_\_\_\_  
BCSO Representative (Witness)

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

\_\_\_\_\_  
Witness Name Printed

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

STATE OF FLORIDA  
COUNTY OF BREVARD

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: \_\_\_\_\_



**Brevard County Sheriff's Office and  
The 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 Brevard 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 BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS, EASTERN FLORIDA STATE COLLEGE, THE BREVARD 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 a BCSO representative OR a notary public, whichever is more convenient.) **You must attach copies of the current vehicle registration and insurance card to this form.**

\_\_\_\_\_  
BCSO Representative (Witness)

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

\_\_\_\_\_  
Witness Name Printed

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

STATE OF FLORIDA  
COUNTY OF BREVARD

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: \_\_\_\_\_

**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): \_\_\_\_\_