

Indian River 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 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 the Indian River 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 INDIAN RIVER COUNTY BOARD OF COUNTY COMMISSIONERS, THE TREASURE COAST PUBLIC SAFETY TRAINING COMPLEX OF INDIAN RIVER STATE COLLEGE, THE INDIAN RIVER COUNTY SCHOOL DISTRICT, THE INDIAN RIVER 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 IRCSO representative OR a notary public, whichever is more convenient.

IRCSO Representative
(Witness)

Witness Name Printed

Vehicle Owners Name Printed

STATE OF FLORIDA COUNTY OF INDIAN RIVER

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:		