



Nassau County Sheriff's Office

Sheriff Bill Leeper

NASSAU COUNTY SHERIFF'S OFFICE TEEN DRIVER PROGRAM GENERAL RELEASE AND WAIVER OF LIABILITY

The undersigned participant, _____ (print name), a volunteer participant of the Nassau County Sheriff's Teen Driver program (hereafter "NCSO TDP"), in consideration for the privilege of participation of the NCSO TDP, the receipt and sufficiency of consideration is hereby accepted and acknowledged, do hereby release, waive, satisfy, and forever discharge and settle any and all claims, demands, causes of action, suits, controversies, judgments or damages of any kind or nature whatsoever, in law or in equity, which exist or may arise against Bill Leeper as Sheriff of Nassau County, or his successors, heirs, assigns, employees, appointees or agents, relating to any and all participation, relating to any and all participation in whatever activity or form, as a volunteer participant of the NCSO TDP, including but not limited to, injury, illness or death, and/or damage to, or loss of, personal property. The undersigned has full understanding and appreciation of all risks and dangers associated with the NCSO TDP, including but not limited to, the safe, defensive operation of a motor vehicle, including braking, evasive maneuvers, driving through an obstacle course and or classroom and practical instruction or exercises. The undersigned hereby assumes all risks of personal injury, death, property damage or other loss that might arise from my participation in the aforementioned.

This General Waiver and Release of Liability (hereafter "Release") shall be binding upon the undersigned and his/her respective heirs executors, administrators, personal representatives, successors, assigns, agents or employees. This Release will be

[remainder of page intentionally left blank]

subject to, and governed by, the laws of the State of Florida. This Release has been read and fully understood by the undersigned. It is acknowledged and agreed the undersigned has voluntarily, knowingly, and willingly executed this Release.

Signature of **Participant**

Date

Sworn to and subscribed before me this _____ day of _____ (month), 2016, by _____ (print name) who is [] personally known to me or [] produced _____ as identification, and who acknowledged to and before me that he executed the foregoing document freely and voluntarily for the purposes therein expressed.

Notary Public, State of Florida
My Commission Expires:

Signature of **Parent of Participant**

Date

Sworn to and subscribed before me this _____ day of _____ (month), 2016, by _____ (print name) who is [] personally known to me or [] produced _____ as identification, and who acknowledged to and before me that he executed the foregoing document freely and voluntarily for the purposes therein expressed.

Notary Public, State of Florida
My Commission Expires: