

# 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			Male		
	HAWAIIAN/PACIFIC ISLANDER			Female		
	AMERICAN INDIAN/ALASKAN NATIVE		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?	Yes	No
Are there any health issues that prevent you from participating in the program?	Yes	No

\_\_\_\_\_  
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



# *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, practicing or performing evasive or defensive driving maneuvers or techniques, 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

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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), 20\_\_\_\_, 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), 20\_\_\_\_, 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:

**Florida Sheriffs Association Teen Driver Challenge**

**PARENTAL PERMISSION FORM AND RELEASE OF ALL CLAIMS**

STUDENT INFORMATION

Name of Student \_\_\_\_\_ Age \_\_\_\_\_

Name of School Currently Attending \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name of Parents of Legal Guardian \_\_\_\_\_

Current Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Are there any health issues we should be aware of? \_\_\_\_\_

Is any medication being taken that will in any way effect the safe operation of a vehicle?  
\_\_\_\_\_

\*\*\*\*\*

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 Sheriffs 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 \_\_\_\_\_ 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.

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 \_\_\_\_\_ COUNTY BOARD OF COUNTY COMMISSIONERS, THE OFFICE OF SHERIFF, \_\_\_\_\_ COUNTY, FLORIDA, THEIR OFFICERS, EMPLOYEES, INSTRUCTORS, AGENTS OR APPARENT AGENTS AND OTHER PARTICIPANTS IN THE COURSE.

I GIVE PERMISSION TO THE \_\_\_\_\_ 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 Sheriff's Office representative OR a notary public, whichever is more convenient.)

\_\_\_\_\_  
Sheriff's Office Representative  
(Witness)

\_\_\_\_\_  
Parent/Legal Guardian Signature

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

\_\_\_\_\_  
Parent Name Printed

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

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 Sheriffs 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 \_\_\_\_\_ 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 \_\_\_\_\_ COUNTY BOARD OF COUNTY COMMISSIONERS, THE OFFICE OF SHERIFF OF \_\_\_\_\_ COUNTY, FLORIDA, THEIR OFFICERS, EMPLOYEES, INSTRUCTORS, AGENTS OR APPARENT AGENTS, AND OTHER PARTICIPANTS IN THE COURSE.

(These forms may be signed before either a Sheriff's Office representative OR a notary public, whichever is more convenient. **You must attach copies of the current vehicle registration and insurance card to this form.**)

\_\_\_\_\_  
Sheriff's Office Representative  
(Witness)

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

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

\_\_\_\_\_  
Owner Name printed

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

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 Sheriffs 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 FSA Teen Driver Challenge Training course offered by the \_\_\_\_\_ 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 \_\_\_\_\_ COUNTY BOARD OF COUNTY COMMISSIONERS, THE OFFICE OF SHERIFF, \_\_\_\_\_ COUNTY, FLORIDA, THEIR OFFICERS, EMPLOYEES, INSTRUCTORS, AGENTS OR APPARENT AGENTS, AND OTHER PARTICIPANTS IN THE COURSE.

I GIVE PERMISSION TO THE \_\_\_\_\_ 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 Sheriff's Office representative OR a notary public, whichever is more convenient. **You must attach copies of your driver's license and insurance card to this form.**)

\_\_\_\_\_  
Sheriff's Office Representative  
(Witness)

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

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

\_\_\_\_\_  
Student Name Printed

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

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:



# *Nassau County Sheriff's Office*

**Sheriff Bill Leeper**

**NASSAU COUNTY SHERIFF'S OFFICE  
SEAT BELT CONVINCER  
GENERAL RELEASE AND WAIVER OF LIABILITY**

The named and undersigned minor child \_\_\_\_\_  
(print name of child riding the Seat Belt Convincer), hereafter "Rider," along with the Rider's parent or legal guardian \_\_\_\_\_ (print name), (together and collectively "Releasors") in consideration for the privilege of the Rider experiencing, riding, and testing the Seat Belt Convincer, 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, the Nassau County School District, the Northeast Florida Fair, Nassau County, Florida, or their respective successors, heirs, assigns, employees, appointees or agents (collectively "Releasees"), relating to any and all participation, experiencing, riding, or testing the Seat Belt Convincer, including but not limited to, personal injury, illness or death, whether foreseen or unforeseen, and/or damage to, or loss of, personal property. The Releasors have full understanding and appreciation of all risks and dangers associated with participating, riding, or testing the Seat Belt Convincer, and/or activities in connection with the Seat Belt Convincer, whether by negligence or not.

The Rider and parent or legal guardian do further release all officials and professional personnel of Releasees from any claim whatsoever on account of first aid, treatment or service tendered during said Releasor minor child's participation in riding or testing the Seat Belt Convincer.

The Releasors further state that they have been advised of, and hereby assume, all inherent dangers in riding and testing the Seat Belt Convincer, and of the basic safety rules connected therewith. The Releasors understand that the Seat Belt Convincer is designed to be a teaching tool to simulate the impact of a motor vehicle collision when said motor vehicle is traveling at a rate of approximately eight to ten miles per hour.

The Releasors also represent that the minor Rider for which this Release is given has no medical condition or physical disability which would subject him or her to an unreasonable risk of harm or injury by use of the Seat Belt Convincer. The Releasors hereby assume all risks of personal injury,



death, property damage or other loss that might arise from Rider's participation in the aforementioned.

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

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_(month), 20\_\_\_\_, 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 or Legal Guardian  
of Minor Child Participant

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_(month), 20\_\_\_\_, 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:



# *Nassau County Sheriff's Office*

**Sheriff Bill Leeper**

**NASSAU COUNTY SHERIFF'S OFFICE  
MINOR CHILD SEAT BELT CONVINCER  
GENERAL RELEASE AND WAIVER OF LIABILITY**

The named and undersigned minor child \_\_\_\_\_  
(print name of child riding the Seat Belt Convincer), hereafter "Rider," along with the Rider's parent or legal guardian \_\_\_\_\_ (print name), (together and collectively "Releasers") in consideration for the privilege of the Rider experiencing, riding, and testing the Seat Belt Convincer, 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, the Nassau County School District, the Northeast Florida Fair, Nassau County, Florida, or any other private property owner where a Seat Belt Convincer demonstration occurs, or their respective successors, heirs, assigns, employees, appointees or agents (collectively "Releasees"), relating to any and all participation, experiencing, riding, or testing the Seat Belt Convincer, including but not limited to, personal injury, illness or death, whether foreseen or unforeseen, and/or damage to, or loss of, personal property. The Releasers have full understanding and appreciation of all risks and dangers associated with participating, riding, or testing the Seat Belt Convincer, and/or activities in connection with the Seat Belt Convincer, whether by negligence or not. The Rider and parent or legal guardian do further release all officials and professional personnel of Releasees from any claim whatsoever on account of first aid, treatment or service tendered during said Releaser minor child's participation in riding or testing the Seat Belt Convincer.

The Releasers further state that they have been advised of, and hereby assume, all inherent dangers in riding and testing the Seat Belt Convincer, and of the basic safety rules connected therewith. The Releasers understand that the Seat Belt Convincer is designed to be a teaching tool to simulate the impact of a motor vehicle collision when said motor vehicle is traveling at a rate of approximately eight to ten miles per hour.

The Releasers also represent that the minor Rider for which this Release is given has no medical condition or physical disability which would subject him or her to an unreasonable risk of harm or injury by use of the Seat Belt Convincer. The Releasers hereby assume all risks of personal injury,

death, property damage or other loss that might arise from Rider's participation in the aforementioned.

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

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_, 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 or Legal Guardian  
of Minor Child Participant

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_, 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:

TEEN DRIVER

# CHALLENGE



## INFORMATION/REQUIREMENTS:

PARTICIPANTS **MUST** BE RESIDENTS OF NASSAU COUNTY

TEEN DRIVER CHALLENGE IS AVAILABLE **FREE** OF CHARGE

TEEN DRIVER CHALLENGE IS HOSTED **QUARTERLY** BY  
NASSAU COUNTY SHERIFF'S OFFICE

PARTICIPANTS ARE RESPONSIBLE FOR PROVIDING THEIR  
**OWN** VEHICLE (OR A PARENT'S VEHICLE)

CLASS SIZE IS LIMITED TO **12 PARTICIPANTS**

STUDENTS **MUST** POSSESS A LEARNER'S PERMIT OR  
DRIVER'S LICENSE WITH A MINIMUM OF 6 MONTHS OF  
DRIVING EXPERIENCE

TO ENROLL IN THE CLASS REGISTRATION  
PACKETS MUST BE SUBMITTED IN **FULL**

**TO REGISTER FOR THE NEXT AVAILABLE CLASS:**

 **904-548-4020**

 **Ni1468@NASSAUSO.COM**



**SCAN HERE!**



# *Nassau County Sheriff's Office*

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**Sheriff Bill Leeper**

Did you know that teen drivers are three times more likely to be involved in a fatal crash compared to other drivers? The Nassau County Sheriff's Office is dedicated to protecting our young drivers and significantly reducing traffic-related injuries and fatalities. That's why we offer the Teen Driver Challenge, a free course designed to help teens improve their driving skills and reduce their risk of being involved in a crash.

All instructors are Nassau County Sheriff Deputies. Upon successful completion of the program, students will receive a certificate of completion, which may be presented to your auto insurance company for a possible reduction in your insurance premium. The program includes a combination of classroom instruction and hands-on driver training. Teens aged 15-19 with a valid Florida Operator's License are eligible. Those with a permit for at least **six months and driving experience** may also register.

The required paperwork for attendance, along with a current copy of a permit or driver license, vehicle registration, and insurance, must be submitted. The class is limited to 12 students and will be held at the Northeast Florida Fairgrounds, weather permitting. Teen Driver Challenge classes will be conducted periodically throughout the year.

For more information about the program, please contact Nicole Maddox at 904-548-4020 or by email at [ni1468@nassauso.com](mailto:ni1468@nassauso.com).



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Administrative Office: 77151 Citizens Circle, Yulee, FL 32097 • (904) 225-0331 or 225-0332  
Administrative Fax: (904) 225-0443 • Callahan/Hilliard/Bryceville Toll Free Line: (855) 725-2630  
Detention Center: 76212 Nicholas Cutinha, Yulee, FL 32097 • (904) 225-9185 or  
Toll Free (855) 725-2631 • Fax (904) 225-0831 or Jail Administrative Fax: (904) 548-4015  
Communications/After Hours: (904) 225-5174 • Toll Free Line: (855) 725-2632