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 F.S.A. Teen Driver Challenge Training course offered by the
Hillsborough 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
HILLSBOROUGH COUNTY BOARD OF COUNTY COMMISSIONERS, THE OFFICE OF SHERIFF,
HILLSBOROUGH COUNTY, FLORIDA, THEIR OFFICERS, EMPLOYEES, INSTRUCTORS,
AGENTS OR APPARENT AGENTS, AND OTHER PARTICIPANTS IN THE COURSE.

I GIVE PERMISSION TO THE HILLSBOROUGH 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.)

HCSO Representative
(Witness)                            Student’s Signature

Witness Name Printed                            Student Name Printed

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

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: