

PERMISSION & RELEASE AGREEMENT

In consideration of _____ (“Participant”) being permitted to participate in the Madison County Sheriff’s Office Driving Class, I hereby state and agree to the following:

<p>_____/_____ Initials of Participant & Parent/ Guardian</p>	<p>The Participant and/or his/her parent/legal guardian, including his/her heirs, next of kin, executors and administrators, hereby voluntarily assumes all risk of accident, injury, or damage to Participant’s person and property and hereby releases, discharges and holds harmless the owner of the real property at which the practical exercise portion of the Class will be held, the Madison County Board of Education, employees, agents and insurers, the Madison County Sheriff’s Office, deputies, employees, agents and insurers, including, but not limited to, all Madison County Sheriff’s Office personnel, from every and any claim, liability, or demand of any kind including, but not limited to any personal injury or damage, including death, or injury or damage to property of any kind sustained, arising out of Participant’s participation in the Madison County Sheriff’s Office Driving Class, whether or not caused by the negligence of the Owner, the Madison County Sheriff’s Office, the Madison County Board of Education, its officers, employees, agents or insurers.</p>
<p>_____/_____ Initials of Participant & Parent/ Guardian</p>	<p>The Participant and/or his/her parent/legal guardian, including his/her heirs, next of kin, executors and administrators, hereby agrees to indemnify, defend and hold harmless the Madison County Board of Education, employees, agents and insurers, the Madison County Sheriff’s Office, its deputies, employees, agents and insurers, including, but not limited to, all Madison County Sheriff’s Office personnel, from any claim, liability or demand of any kind, including payment of all legal fees and expenses, which may arise against any or all of them resulting in any way from Participant’s participation in the Madison County Sheriff’s Office Teen Driving Program.</p>
<p>_____/_____ Initials of Participant & Parent/ Guardian</p>	<p>The Participant is currently covered by a valid health insurance policy including, but not limited to, coverage for any accidental death and/or any physical injury of any kind that may be sustained during the Madison County Sheriff’s Office Driving Class, which may require medical care of any kind including first aid, emergency treatment and/or transportation, outpatient treatment, surgery, follow-up medical care, and/or hospitalization. The Participant and/or his/her parent/legal guardian shall provide a copy of proof of valid health insurance prior to participation in the Class.</p>
<p>_____/_____ Initials of Participant & Parent/ Guardian</p>	<p>The Participant and/or his/her parent/legal guardian, further agrees to be financially responsible for any and all expenses, including but not limited to medical or property damage expenses, that may arise as a result of his/her participation in the Madison County Sheriff’s Office Teen Driving Program.</p>

PARTICIPANT:

I, _____ (Participant), hereby state that I have had the opportunity to read this Agreement and agree to be bound by the terms of it. I further agree to abide by the rules set forth by the Madison County Sheriff’s Office when I participate in this Class. I acknowledge that the Madison County Sheriff’s Office and Madison County Board of Education are relying on these representations and releases in allowing me to participate in the Madison County Sheriff’s Office Teen Driving Program.

Participant signature

Date

PARENT OR LEGAL GUARDIAN:

The undersigned parent or legal guardian hereby certifies that he/she has given his/her permission for _____ (Participant) to participate in the Madison County Sheriff’s Office Teen Driving Program. By signing below, the undersigned parent/legal guardian is signing for and on behalf of the minor child and is also agreeing to be personally bound by the terms of this Agreement. The undersigned parent or legal guardian acknowledges that the Madison County Sheriff’s Office and the Madison County Board of Education are relying on these representations, permission and releases in allowing the Participant to participate in the Madison County Sheriff’s Office Teen Driving Program.

Parent or Legal guardian’s signature

Date