

**S.T.A.R.T.**  
**Safe Teen Accident Reduction Training**  
**Waiver of Liability/Parental Permission**

I understand the Tucson Police Department/Southern Arizona Law Enforcement Foundation Teen Driving Program is a voluntary opportunity to participate in a hands on, skills based, behind the wheel driver training course. This training is designed to teach accident avoidance skills to young drivers. As with any dynamic training, there is an element of risk involved. Knowing this, I agree to and acknowledge the following.

I further understand that this training involves various techniques used by drivers to avoid accidents in critical driving situations. The vehicles used for this training have undergone a thorough safety inspection and are capable of handling this type of training. Should an unforeseen incident with a vehicle or an unanticipated action by a student occur, there is a potential for harm. Potential harm could include significant injury or death. I am fully aware of the potential risks associated with my voluntary participation in this course.

Knowing the potential risks involved, I voluntarily choose to participate and assume the risk of harm that may result from my participation. I agree to release and hold harmless the City of Tucson, including the Tucson Police Department, its officers, employees or volunteers, the Southern Arizona Law Enforcement Foundation, its directors, employees or volunteers, and the Tuttle-Click Automotive Group, its directors, officers, employees, subsidiaries, entities and affiliates from any claims, liabilities or demands arising out of participation in this training.

In case of sudden illness or injury, I hereby give my permission to the Tucson Police Department to take appropriate action in seeking medical attention.

I have read and understand this waiver of liability.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

**If the participant is under 18 years of age, please complete prior to participation:**

I have read the above information and agree to the terms of the above agreement, and consent to the minor's participation and medical treatment.

Parent/Guardian Signature: \_\_\_\_\_

Print Name and Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

S.T.A.R.T Class Date & Time: \_\_\_\_\_

**S.T.A.R.T.**  
**Safe Teen Accident Reduction Training Program**

**Photo Release Form**

Permission to Use Photograph/Video

Subject: Safe Teen Accident Reduction Training Program  
Location: Southern Arizona Law Enforcement Training Center (SALETC). 10001 S.  
Wilmot Rd. Tucson, AZ 85756

I grant to the START Program, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize the START Program, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the START Program may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, social media and Web content.

I have read and understand the above:

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_  
(if student is under 18)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_