

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

**Waiver of Liability/Parental Permission**

I understand that the Tucson Police Department/Southern Arizona Law Enforcement Foundation Teen Driving Program (collectively "START") is a voluntary opportunity to participate in the 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.

I further understand that this training involves various techniques used by drivers to avoid accidents in critical driving situations. 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 in START 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.

CHOICE OF LAW: I understand and agree that the laws of the State of Arizona will apply to this waiver.

I have read and understand this waiver of liability.

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

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

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

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

Print Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**

Subject: Safe Teen Accident Reduction Training Program  
Location: Southern Arizona Law Enforcement Training Center (SALETC)  
10,001 S. Wilmot Rd., Tucson, AZ 85756

I grant to the Tucson Police Department/Southern Arizona Law Enforcement Foundation Teen Driving Program (collectively "START"), its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize START, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that START 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 teen participant is under 18): \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

**S.T.A.R.T.**  
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**Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

The Tucson Police Department/Southern Arizona Law Enforcement Foundation Teen Driving Program (collectively "START") cannot prevent you from exposure to, contracting, or spreading COVID-19 while utilizing START services or premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize START services and/or enter onto SALEF's premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

**ASSUMPTION OF RISK:** I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 in order to utilize START services and enter START premises. These services are of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize START services and premises.

**WAIVER OF LAWSUIT/LIABILITY:** I hereby forever release and waive my right to bring suit against START and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with any exposure, infection, and/or spread of COVID-19 related to utilizing START services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

**CHOICE OF LAW:** I understand and agree that the laws of the State of Arizona will apply to this waiver.

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:**

I have read and understand the above:

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

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

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

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

Print Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_