

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

WAIVER AND RELEASE FROM 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 that involves techniques used by drivers to avoid accidents in critical driving situations. This training is designed to teach accident avoidance skills to young drivers. As with any dynamic vehicle training, there are various risks involved.

I understand and acknowledge that should an unforeseen incident occur, to include an incident with a vehicle or an unanticipated action by a student, 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 waive any liability of, and forever 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 this training. This waiver and release shall be binding and fully enforceable against me, my personal representatives, spouse, assigns, heirs, and next of kin.

I further acknowledge and agree that the opportunity to participate in the course constitutes valuable and sufficient consideration in exchange for this waiver and release.

In addition to the above, 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 and release of liability.

Teen Participant Signature: _____ Date: _____

Teen Print Name: _____

Address: _____ Phone: _____

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.

Teen Participant Parent/Guardian Signature: _____

Print Name and Relationship of Teen Participant: _____

Address: _____ Emergency Phone: _____

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PHOTO/VIDEO RELEASE

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

I irrevocably consent to, authorize, and otherwise grant my permission to the Southern Arizona Law Enforcement Foundation and the City of Tucson, to include the Foundation and Department's employees, volunteers, agents, assigns, and transferees (collectively, the "START Program") to take photographs and/or videos of me and/or my property (the "Images") in connection with the above-identified training, and to copyright and publish, as well as otherwise use, reuse, republish and make derivative works of, all or any part of the Images and/or any quotes by me in print and/or electronic form. I agree that such use by the START Program may include the use of the Images and/or quotes 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 hereby waive any right to inspect or approve the Images, quotes or electronic matter that may be used in conjunction with the Images and quotes now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the Images and quotes.

I hereby agree to release and hold harmless the START Program from and against any claims, damages or liability arising from or related to the use of the Images and quotes, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use of the Images in composite form, that may occur or be produced in production of the finished product. It is START Program's discretion to decide whether to use the Images or quotes.

I further acknowledge and agree that the opportunity to participate in the training constitutes valuable and sufficient consideration in exchange for this Release.

Unless my parent or guardian signs where indicated on the signature lines below, I certify that I am 18 years of age or older, and that I am competent to contract in my own name. [For those under the age of 18, this Release must be signed by both the child and the parent or guardian.] By signing below, the signer(s) attest(s) that they have read this Release and fully understand the contents and meaning of this Release.

Teen Participant Signature: _____ Date: _____

Teen Print Name: _____

Address: _____ Phone: _____

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

Teen Participant Parent/Guardian Signature: _____ Date: _____

Print Name and Relationship of Teen Participant: _____

Address: _____ Phone: _____