



## Marion County Sheriff's Office "Distracted Driving 101" Application and Release

PARENT: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_ Gender: \_\_\_\_

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver/ID #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Child Applicant's Full Name: \_\_\_\_\_ Driver/ID #: \_\_\_\_\_

Please read the statement below. You may submit the form when completed; signatures will be completed at the event.

I, the undersigned, do hereby request permission to participate in the "Distracted Driving 101" program sponsored by the Marion County Sheriff's Office (MCSO). My participation in this program is purely voluntary and would be for my educational benefit. If permission is granted, I agree to obey at all times all instructions, orders, and commands given to me by the MCSO personnel acting as instructors for the Distracted Driving 101 program. I fully realize that as part of the Distracted Driving 101 program I will be riding and driving in an MCSO-owned vehicle, and that situations may arise in the course of the program which could result in my being exposed to the danger of physical harm or injury, including but not limited to motor vehicle accidents. I nevertheless freely and voluntarily accept these risks. I understand that my participation in the Distracted Driving 101 program may be terminated at any time without notice by MCSO.

I further understand that I will be participating in the Distracted Driving 101 program as a guest of MCSO. I have not offered any payment to the Marion County Sheriff, or any other of his/her employees, for the opportunity to participate in the program, and I have no right to payment from MCSO for my participation in the Distracted Driving 101 program.

Therefore, in consideration of the educational benefit to be received by me with the granting of my request, I hereby:

1. Release Marion County, the Marion County Sheriff, and their agents and employees, free from and against any and all claims for injuries and damages on account of, in any way arising from, or in any way connected with, granting my request to participate in the "Distracted Driving 101" program.
2. Covenant and agree to indemnify, repay, reimburse and make good to Marion County, the Marion County Sheriff, and/or their agents and employees, any and all sums of money, losses, damages, attorney fees, and other fees, costs, and expenses that any or all may hereafter be required or compelled to pay or sustain on account of any kind and all injuries and damages which may be sustained by any person as a result of my actions, conduct, or omissions while I am participating in the Distracted Driving 101 program, and to indemnify and defend Marion County, the Marion County Sheriff, and/or their agents and employees from same.

I, \_\_\_\_\_, am the parent or guardian of \_\_\_\_\_ who is a minor, and I hereby authorize the minor applicant's participation in the Distracted Driving 101 program. I further agree to hold the Marion County Sheriff's Office, its employees and agents, harmless from any and all liability to the minor that I am the parent/guardian of, for person injury or property damage that may be sustained during the time they are participating in the Distracted Driving 101 program.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MCSO Employee Witness & Alpha #