

Knoxville Police Department
T.R.A.C.K. (Training, Responsibility, Actions, Confidence and Knowledge)
Release of Liability

I hereby request for my child, _____,
(Print child name)

To participate in T.R.A.C.K at the Knoxville Police Department Driver's Training Facility (6388 Cement Plant Rd, Knoxville, TN, 37914). I understand that participation in this training involves some degree of physical activity and I certify that my child is in good health and able to endure the rigors of this activity. I further understand that participation in this event will require my child's driving an automobile.

In consideration for the permission granted by the Knoxville Police Department for my child to participate in this activity and use certain facilities of the Knoxville Police Department, I hereby give permission for my child to participate in T.R.A.C.K. at the Knoxville Police Department Training Facility. I agree to notify the Knoxville Police Department of any special medical condition or treatment that might tend to affect the safety or health of my child, fellow participants, or employees or agents of the City of Knoxville. I hereby consent to and give permission for the Knoxville Police Department to arrange for emergency medical treatment for my child in the event of an accident or injury.

In further consideration of the permission granted by the Knoxville Police Department for my child to participate in this activity and to use certain facilities of the Knoxville Police Department, I, _____,
(Parent Name) (Drivers Lic #)

hereby release and absolve and hold harmless from any and all liability of whatever type, the City of Knoxville, its employees and agents, specifically including individual officers, agents and employees of the City of Knoxville, for any accidents, calamities, injuries, or death which may befall me or my child as a consequence of participating in T.R.A.C.K. at the Knoxville Police Departments Drivers Training Facility.

It is understood due to the nature of the training, even under controlled conditions, that accidents causing property damage to my vehicle or injuries to my child or others could occur. I am allowing my child to enter into this training voluntarily to acquire the skills being taught. I also verify that the vehicle my child will be operating is covered by insurance to cover potential personal injury and/or property damage suffered by me, my child or others, and is, to the best of my knowledge, in good working condition. Since this drivers training is for the benefit of myself and my child, and at my request, I hereby waive to the fullest extent possible all liability of the City of Knoxville, individual officers, agents and employees of the City of Knoxville as above stated

Class Date: _____

Parent Signature: _____

Date: _____