



## **“DISTRACTED & IMPAIRED DRIVING PROGRAM” HOLD HARMLESS AGREEMENT**

I/we \_\_\_\_\_, the parent(s)/legal guardian(s) of the minor child \_\_\_\_\_, do hereby agree to assume full responsibility for myself and my child, and do agree to indemnify, save and hold harmless and defend the Caddo Parish Sheriff, Steve Prator, and all of his employees and agents, acting officially or otherwise, from any and all liability, claims, demands, actions, judgments, expenses, costs, interest, debts and attorney’s fees arising out of, claimed on account of, or in any manner predicated upon or injury, or loss of life of any person or damage to the property of any person or persons whatsoever, including myself and/or my child, or any third party, which may occur resulting from the participation of myself and/or my child in the “Distracted & Impaired Driving Program” conducted at Sheriff’s Safety Town (8910 Jewella Avenue, Shreveport, Louisiana 71118). The purpose of this program is to provide participants with a general understanding of the dangers of driving while texting and while impaired by drugs or alcohol.

I understand and agree that participation in a program at Sheriff’s Safety Town may include, though not be limited to, operating a vehicle, and I/we have been apprised of and understand the liabilities and hazards of participating in this event. Also, I believe that the benefit of my child gaining a general understanding of the above noted areas of safety far exceeds any potential risk. It is further agreed that the undersigned, our successors, estates heirs and assignees will refrain from holding the Caddo Parish Sheriff, Steve Prator, his employees or agents responsible for any damages arising from loss of property, personal injury or death, loss of access to property or other consequential damages as a result of participating in a program at Sheriff’s Safety Town.

\_\_\_\_\_  
Participant’s/Child’s Printed Name

\_\_\_\_\_  
Participant’s/Child’s Signature

\_\_\_\_\_  
Parent’s/Guardian’s Printed Name

\_\_\_\_\_  
Parent’s/Guardian’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent’s/Guardian’s Contact Tel #

\_\_\_\_\_  
Participant’s/Child’s Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip