

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT SEMINOLE COUNTY LIBRARY SERVICES PROGRAMS

I, _____ wish to participate in the Seminole County Library Services Volunteer Program. I understand that I will be performing services in the Program for public service only and will not be considered a County employee for any purposes nor will I be eligible for any benefits of County employment.

I hereby declare and certify that I am over the age of eighteen (18) years and have no health problems that would endanger me in the performance of volunteer duties.

In consideration of Seminole Count’s Permission for my participation in this Program, I do hereby release and discharge Seminole County, it’s agents, officers and employees from any and all claims, demands, grievances and causes of action of every kind whatsoever, including but not by way of limitation, all liability for property damages and personal injury of every kind, nature or description arising or which may hereafter arise from my participation in the Program or my presence on County sites as a part of said program.

I hereby indemnify and hold harmless Seminole County from any and all claims, demands and causes of action of every kind and nature arising out of my participation the Seminole County Library Services Volunteer Program or out of my presence on County site as part of said Program.

Dated this _____ day of _____, 20_____

Witness

Signature

Witness

Signature

Address

City, State, Zip

Phone