

**HOLD HARMLESS AND INDEMNIFICATION AGREEMENT**

I, \_\_\_\_\_, am over the age of eighteen (18), and wish to participate in the \_\_\_\_\_ Program at Seminole County Libraries. I have no health concerns that would endanger me in the performance of the chosen activities.

In consideration of Seminole County's permission for my participation in this Program, I, for myself and for my heirs and assigns, do hereby and forever release and discharge Seminole County, its 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 said permission, my participation in the program, or my presence on County sites as a part of said program including all damage or injuries of every kind, nature or description arising from my negligence or the negligence of Seminole County, its agents, contractors, vendors, officers or employees.

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 in the above Program at Seminole County, or out of my presence on County sites as part of said Program, including all claims, demands and causes of action arising from my negligence or the negligence of Seminole County, its agents, contractors, vendors, officers or employees.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code