

**HOLD HARMLESS AND INDEMNIFICATION AGREEMENT
SEMINOLE COUNTY LIBRARY SERVICES PROGRAM**

I, _____, wish to participate in 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 County's permission for my participation in this Program I do hereby 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 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 in the Seminole County Library Services Volunteer Program or out of my presence on County sites as part of said Program.

DATED this _____ day of _____, 20__.

Witness

Signature

Witness

Printed Name

Address

City State Zip

Telephone