

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

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

I hereby declare and certify that my child, _____, is over the age of 14 years and has no health problems that would endanger him/her in the performance of volunteer duties.

In consideration of Seminole County's permission for my child's participation in this Program, I, for myself and for my heirs and assigns, 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 said permission, my child's participation in the Program, or my child's 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 child's participation in the Seminole County Library Services Volunteer Program or out of my child's presence on County sites as part of said Program.

DATED this _____ day of _____, 20__.

Witness

Witness

Signature of Parent/Guardian

Printed Name

Address

City State Zip

Telephone