

**HOLD HARMLESS AND INDEMNIFICATION AGREEMENT
SEMINOLE EDUCATION, RESTORATION AND VOLUNTEER PROGRAM (SERV)
ADOPT-A-RIVER**

I wish to participate or allow my minor child to participate in the Seminole Education, Restoration and Volunteer (SERV) Program. I understand that we will be performing such services in SERV as removing invasive plants by hand and with tools from lakes and rivers, planting approved vegetation along the shoreline, working out in the sun for extended periods of time, riding in boats or cars to work sites, and removing trash by hand from cleanup sites. I recognize that in performing volunteer tasks as described above there exists a risk of injury, including personal harm, to me or to my minor child, including, but not limited to, the potential for wildlife encounters resulting in bites and stings from various venomous or non-venomous animals and insects, skin irritations from poisonous vegetation, and injuries from unseen objects and hazards. I am agreeing to perform these services or allow my minor child to perform these services for the experience and self-satisfaction we will gain from the public service. I understand that I will not be considered a County employee for any purposes and I will not be eligible for any benefits of County employment by reason of my volunteer services.

I understand and accept that my position as a volunteer worker in the SERV Program is contingent upon my compliance with all of the rules and regulations that may be established from time to time by the County and the County staff. I further understand that my failure to comply with those rules and regulations may result in my immediate termination as a volunteer.

In consideration of Seminole County's permission for my participation in this Program, I hereby release and discharge Seminole County, its commissioners, agents, officers, and employees and the SERV Coordinator 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 that may subsequently arise from my participation or my minor child's participation in the SERV Program or our presence on County sites as a part of this 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 or my minor child's participation in the SERV Program or out of my presence or my minor child's participation on County sites as part of this Program.

I also hereby consent, authorize, and grant permission to Seminole County, its commissioners, employees, and duly authorized agents, including SGTV, to copyright, publish, and otherwise use images of my minor child or me and recordings of my voice or my minor child's voice in all print or electronic media and further consent to the publication, circulation dissemination, and broadcast of these images and recordings or any duplication or facsimile of them for any exhibition, public display, publication, commercial, art or advertising purpose without limitation or reservation or for any other purpose the County may deem proper.

In granting such permission, I hereby relinquish and give to Seminole County all rights, title, and interest I may have in the print or electronic media transmission of my image or voice recording and my minor child's image or voice recording, including, but not limited to, motion picture, video tapes, DVDs, photographs, negatives, brochures, reproductions, and web sites in which Seminole County uses my image or voice recording. Further, I waive any and all right to approve the use of my image or voice or

my minor child's image or voice recording by Seminole County or to receive compensation for the use of these images or voice recordings.

I hereby declare and certify that I am over the age of eighteen (18) years and that neither I nor my minor child have any health problems that would endanger us in the performance of volunteer duties with the SERV Program and I am aware of inherent problems that may arise from use of our images or voice recordings in print and electronic media.

DATED this _____ day of _____, 20____.

Witness

Signature

Witness

Printed Name

Address

City State Zip

Group Name (if applicable)

 _____
Telephone

Email Address

DGS/dre
12/24/19

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