HOLD HARMLESS AND INDEMNIFICATION AGREEMENT
SEMINOLE COUNTY ANIMAL SERVICES DIVISION VOLUNTEER PROGRAM

I, _____, wish to participate in Seminole County Animal Services Division Volunteer Program. I understand that I will be performing such services in the Program as answering telephones, completing paperwork, researching records, lifting and demonstrating the use of 14 pound animal traps, escorting Animal Services customers through kennels, holding animals during photo sessions, participating in animal obedience training, grooming, bathing and nail trims, turning animals out for exercise and other related services for the Division. I recognize that in handling animals and performing other volunteer tasks as described above there exists a risk of injury, including personal harm, to me. I am agreeing to perform these services for the experience and self-satisfaction I will gain from the public service. I understand that I will not be considered a County employee for any purposes nor will I 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 Animal Services Division Volunteer Program is contingent upon my compliances with all of the rules and regulations which may be established from time to time by the Animal Services Division and I further understand that my failure to comply with those rules and regulations may result in my immediate termination as a volunteer.

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 with the Animal Services Division.

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, including animal bites or damage or injury caused by animals, 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 Animal Services Division Volunteer Program or out of my presence on County sites as part of said Program.

DATED this _____ day of _____, 20_____.

_____
Signature

_____
Witness

_____
Print Name

_____
Print Name

_____
Address

_____
Witness

_____
City State Zip

_____
Print Name

_____
Telephone

SEMINOLE COUNTY MEDIA CONSENT, WAIVER AND RELEASE

I, _____, do hereby consent, authorize and grant permission to Seminole County, its agents, employees and duly authorized agents, including SGTV, to copyright, publish and otherwise use images of me and/or recordings of my voice in all print or electronic media and further consent to the publication, circulation dissemination and broadcast of said images and/or recordings or any duplication or facsimile thereof 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 right, title and interest I may have in the print or electronic media transmission of my image and/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 and/or voice recording. Further, I waive any and all right to approve the use of my image and/or voice recording by Seminole County or to receive compensation for the use of said image and/or voice recording.

I hereby declare and certify that I am over the age of eighteen (18) years and am aware of inherent problems that may arise from use of my image and/or voice recording in print and electronic media.

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, arising or which may hereafter arise from its use of my image and/or voice recording in print or electronic media.

DATED this _____ day of _____, 20_____.

_____
Signature

_____
Print Name

_____
Address

_____
City State Zip

_____
Telephone

_____
Witness

_____
Print Name

_____
Witness

_____
Print Name