

IF MINOR, CHECK BOXES.

VOLUNTEER HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I, _____, (a minor) wish to perform services as _____
_____ for the Board of County
Commissioners of Seminole County, Florida, in the _____
as a volunteer.

I undertake to perform these services for the experience and self-satisfaction I will gain from this public service. I understand that I am not nor will I be a County employee nor will I be eligible for any of the benefits of a County employee except to the extent state law mandates volunteer participation in a benefit program.

(We, _____, and _____,
parent(s) or guardian(s) of _____, wish our child/ward to have the benefit of performing services for the County.)

In consideration of County's permission to perform volunteer services, I, for myself and my assigns, (and we, as parents or guardians, for ourselves and our assigns) hereby release and discharge Seminole County, its commissioners, 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 previously, now, or subsequently from volunteer's performance of services or volunteer's presence on the work site.

I/We hereby indemnify and hold harmless Seminole County for any and all claims, demands, and causes of action of every kind and nature arising previously, now, or subsequently from volunteer's performance of services, or volunteer's presence on the work site.

Volunteer's Signature

Date: _____

Address

City State Zip

Christine Patten
Division Manager

Date: _____

IF MINOR, Signature of Parent(s)
Or Guardian(s)

Date: _____