

**HOLD HARMLESS AND INDEMNIFICATION AGREEMENT (ADULT)
SEMINOLE EDUCATION, RESTORATION AND VOLUNTEER PROGRAM (SERV)
LAKE RESTORATION, CLEANUPS, INVASIVE REMOVALS AND STORM DRAIN MARKING**

I, _____, wish to participate in the Seminole Education, Restoration and Volunteer (SERV) Program. I understand that I 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, removing trash by hand from cleanup sites, and working along busy roads and highways. I recognize that in performing volunteer tasks as described above there exists a risk of injury, including personal harm, to me, 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 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 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 in the SERV Program or my 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 in the SERV Program or out of my presence 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 me or recordings of my voice in all print or electronic media and further consent to the publication, circulation dissemination and broadcast of these images or recordings or any duplication or facsimile to 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, 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 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 have no health problems that would endanger me in the performance of volunteer duties with the SERV Program and I

am aware of inherent problems that may arise from use of my image or voice recording in print and electronic media.

I 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, arising now or which may subsequently arise from Seminole County’s use of my image or voice recording in print or 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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