

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

I, _____, as parent or guardian of _____, wish my child to participate in the Seminole Education, Restoration and Volunteer (SERV) Program. I understand that my child 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 my 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 allow my child to perform these services for the experience and self-satisfaction he or she will gain from the public service. I understand that my child will not be considered a County employee for any purposes and he or she will not be eligible for any benefits of County employment by reason of his or her volunteer services.

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

In consideration of Seminole County's permission for my child's participation in this Program, I, for myself, and for my heirs, and assigns, 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 child's participation in the SERV Program or his or her 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 child's participation in the SERV Program or out of his or her 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 my child or recordings of my child's 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 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 or my child may have in the print or electronic media transmission of my 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 child's image or voice recording. Further, I waive any and all right to approve the use of my 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 my child is under the age of eighteen (18) years and has no health problems that would endanger him or her in the performance of volunteer duties with the SERV Program and am aware of inherent problems that may arise from use of my child's 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 or which may subsequently arise from Seminole County's use of my child's 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