HOLD HARMLESS AND INDEMNIFICATION AGREEMENT (ADULT)
SEMINOLE EDUCATION, RESTORATION AND VOLUNTEER PROGRAM (SERV)
ADOPT-A-ROAD AND STORM DRAIN MARKING

I, _____, wish to participate in Seminole Education, Restoration and Volunteer Program (SERV). I understand that I will be performing such services in SERV as working in the sun for extended periods of time, removing trash and litter 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/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 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 SERV Program is contingent upon my compliance with all of the rules and regulations which may be established from time to time by the County and the County staff and 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 do hereby release and discharge Seminole County, its 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 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 SERV Program or out of my presence on County sites as part of said Program.

I also 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 rights, 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 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 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__.

_____
Witness

_____
Witness

_____
Group Name (if applicable)

_____
Signature

_____
Printed Name

_____
Address

_____
City State Zip

_____
Telephone

_____
Email Address