

VOLUNTEER HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I _____, wish to perform services for the Seminole County Sheriff's Office, Florida, in _____ 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 Seminole County Sheriff's Office employee, nor will I be eligible for any of the benefits of a Seminole County Sheriff's Office employee, except to the extent State law mandates volunteer participation in a benefit program.

In consideration of the Sheriff's Office permission to perform volunteer services, I do hereby agree and promise that neither I nor anyone on my behalf will ever sue or bring any other legal action or claim against the Sheriff, SCSO, its agents, deputies, officers, volunteers, and employees, for anything related to my participation as an SCSO volunteer. I, individually, and on behalf of all my heirs, agents, and assigns agree to indemnify and do hold harmless the Sheriff, SCSO, its agents, deputies, officers, volunteers, and employees from any and all claims, demands, and causes of action of every kind and nature arising from my participation in as an SCSO volunteer. I further agree that if I or anyone else files any claim against the Sheriff, the Seminole County Sheriff's Office, its agents, deputies, officers, volunteers, or employees, arising out of my participation, I will defend, indemnify and reimburse the Sheriff, SCSO, its agents, deputies, officers, volunteers and employees for any judgment, court costs, expenses, and reasonable expert and attorney fees regardless of who prevails.

I understand I may be participating in activities that are physically demanding and may undergo physical exertion while participating as a volunteer and recognize there exists the possibility of injury or other complications associated with participation in the program including, but not limited to, injury due to physical exertion and physical contact. I certify and promise I am physically able and possess the adequate physical fitness level to participate, and I will check with my personal physician if I have any questions about my physical condition as it relates to this program. I understand that it is my responsibility to determine if I am able to safely participate and that this determination is not the responsibility of the Seminole County Sheriff's Office nor anyone or organization associated with them.

By accepting the waiver, I agree to be bound by the terms and conditions of this waiver.

Volunteer's Signature

Date: _____

Address

City State Zip