

## VOLUNTEER RELEASE OF LIABILITY AGREEMENT (INDIVIDUAL)

In consideration of the opportunity afforded me to participate as a Short-Term or Occasional Service Volunteer, I do hereby knowingly, freely, and voluntarily release, waive, discharge, indemnify, and hold harmless PINELLAS COUNTY, its officers, employees, agents and volunteers from any and all liability, losses, expenses, damages, claims, causes of action, or judgments, including without limitation attorneys' fees and court costs, which may be sustained by me and/or my family directly or indirectly in connection with, or which may arise out of, my participation as a volunteer, whether caused in whole or in part by the negligence of PINELLAS COUNTY, its officers, employees, agents, volunteers, or otherwise. I further agree not to represent myself as an officer, agent, or employee of PINELLAS COUNTY and acknowledge that I am participating as a Short-Term or Occasional Service Volunteer for the COUNTY on my own time and outside the scope of my employment, and that I am not entitled to any COUNTY stipend or fringe benefit. I further agree that any vehicle that I drive to, from, or during a volunteer activity is not property of or an instrumentality of the COUNTY but rather my own property. I acknowledge that the COUNTY will not be responsible or liable for any personal injury or property damage caused in whole or in part by my personal vehicle.

I have read this Release & Indemnification Agreement and fully understand its terms. I further understand that I have given up substantial rights by signing this form and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of, and indemnification from, any and all liability to the greatest extent permitted by law and agree that if any portion of this Volunteer Release of Liability Agreement is held to be invalid, the balance notwithstanding shall continue in full legal force and effect.

I agree to abide by all rules, regulations, and policies, either published or in effect by usage, and all rules, regulations, and laws of the COUNTY and of the State of Florida.

I understand that PINELLAS COUNTY, to protect its citizens, may conduct a check of my name through law enforcement agencies and license bureaus. I understand that a criminal offense may exclude me from volunteering for positions. Accordingly, I authorize those parties having knowledge of my past to cooperate in this procedure by releasing information as requested.

Under penalties or perjury, I declare that I have read the foregoing, and all are true to the best of my knowledge and belief.

Date: \_\_\_\_\_ Department: \_\_\_\_\_ Location: \_\_\_\_\_

Project Title: \_\_\_\_\_

Attachment: \_\_\_\_\_ (Volunteer Project Guidelines)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Adults only)

Print Name: \_\_\_\_\_  
(Youth when volunteering with a parent/guardian.)

Print Name: \_\_\_\_\_ Hours Worked: \_\_\_\_\_