

**SARASOTA COUNTY GOVERNMENT  
Waiver and Release of Liability**

**THE UNDERSIGNED VOLUNTEER** being (check one) \_\_\_ at least 18 years of age, or \_\_\_\_\_younger than 18 years of age and accompanied by a parent/guardian (hereinafter, collectively referred to as the "Undersigned") has read the following Release and further states as follows:

1. The Undersigned Volunteer is in good health and is physically and mentally capable of performing the volunteer tasks associated with Sarasota County Volunteer Activity.
2. The Undersigned understand the risks of injury associated with the Volunteer activity, including, but not limited to, working outdoors in natural settings, the conditions of both natural and man-made terrain, changing weather conditions, working in proximity to others, to machinery and motorized vehicles, and the use of hand tools and other outdoor maintenance equipment.
3. The Undersigned assumes all risks which may be associated with and/or result from involvement in the Volunteer Activity and hereby releases and indemnifies Sarasota County Government, its officers, staff, agents, employees, volunteers and subsidiaries, affiliates, sponsors, and suppliers associated with the Volunteer Activity (hereinafter collectively referred to as "Releasees")of and from any liability, claims, demands (including attorney fees), actions and causes of action whatsoever arising out or related to any loss, damage or injury, including death, which may be sustained by the Undersigned while participating in the Volunteer Activity, including, but not limited to, those injuries and damages caused by negligence and/or breach of warranty, express or implied, on the part of the Releasees arising from any activity associated with Sarasota County Government or in any way related thereto.
4. By execution of this Release, the Undersigned agrees to indemnify the Releasees for any injury to other person(s) or property which the Undersigned may cause as a result of participating in the Volunteer Activity.
5. The Undersigned authorizes Sarasota County Government personnel to call for medical care for the Undersigned or to transport the Undersigned to a medical facility or hospital, if medical attention is needed.
6. The Undersigned agrees that any and all disputes between myself and Sarasota County Government which may arise as the result from the Undersigned's participation in the Volunteer Activity will be governed by the laws of the State of Florida and exclusive jurisdiction thereof shall be in the Circuit Court of the Twelfth Judicial Circuit.
7. This Release shall be binding upon Undersigned's assignees, subrogors, distributees, heirs, next-of-kin, executors and administrators and may be pled by the Releasees as a complete bar and defense against any claim, demand, action or cause of action by or on behalf of the Undersigned. In the event that any section of this Release is found to be unenforceable, the remaining terms shall be fully enforceable. The Release shall be binding to the fullest extent permitted by law.

**THE UNDERSIGNED HAS (HAVE) READ THE FOREGOING RELEASE, UNDERSTAND ITS CONTENTS AND SIGNS IT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

_____	If Volunteer Participant is under 18 years old:
Name of Volunteer Participant (please print)	_____
_____	Name of parent/guardian (please print)
Signature of Volunteer Participant	_____
_____	Signature of parent/guardian
Date	_____
	Date
	_____
	Emergency contact: name and phone number