Hillsborough County, Florida

Release of Liability and Indemnity Agreement

Storm Drain Marking Program Volunteer

WHEREAS, I, _____ , not being employed by Hillsborough County, Florida, having made a voluntary request to participate in the Storm Drain Marking Program.

I do hereby :

1. Agree that I am providing this volunteer activity without receiving monetary or material compensation.
2. Agree that I will not in any manner interfere with the proper functioning of or damage any Hillsborough County infrastructure in the course of my volunteer activities, which consist of attaching a County provided placard to storm drains and/or a County provided door hanger notifying people of the need to prevent pollution from entering the County's stormwater system or surface waters. No other items shall be attached to the storm drains or to property.
3. Agree that my activities in this regard will be at my sole risk and expense and that the County is expressly relieved of any responsibility for any injury, damage or loss to myself or any other party resulting from such activities.
4. Release, waive, and forever discharge Hillsborough County, its officers, employees and agents from any liability, actions, causes of action, damages of every kind whatsoever arising out of or resulting from the activities described herein.
5. Agree, at my sole cost and expense, to indemnify, defend and hold harmless Hillsborough County, its officers, agents and employees, from and against any and all actions, causes of action, debts, claims, suits, demands, losses, costs and expenses, including attorney's fees, incurred or arising by reason of any actual or claimed wrongful act or omission of mine while conducting the activities described herein.

This release, waiver and hold harmless agreement shall be binding upon me and my heirs, personal representatives, successors, and assignees.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

_____ _____

Signature Date

_____

Print Name

_____

Address

_____ _____

Witness Signature Date

_____

If volunteer is a minor, a parent or legal guardian must sign below:

I have read the above and make the following release for _____

Legal Guardian Signature Date

_____ _____

Legal Guardian Print Name

_____ _____

Witness Signature Date