



WAIVER OF LIABILITY & HOLD HARMLESS AGREEMENT

I, _____, understand and agree that volunteering at the Palm Beach County Division of Animal Care & Control may subject me to various risks and dangers and agree to protect, defend, reimburse, indemnify and hold Palm Beach County, its agents, officers, employees, and elected officials harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during, as a result of, or in connection with my participation as a volunteer.

I hereby assume the risk of participating as a volunteer at the Palm Beach County Division of Animal Care & Control and hold Palm Beach County, its agents, officers, employees and elected officials harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages, or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise due to their acts, errors or omissions resulting in bodily injury, including death, or damage to my property incident to, or in connection with my participation in the volunteer program. Additionally, authorization is hereby given for emergency medical care rendered to me.

I agree to release, indemnify, and defend Palm Beach County and its officials, officers, employees, and agents from and against any claim that I, my parents or legal guardian, or any other person may have for any losses, damages, injuries, or death arising out of or in connection with my participation in this volunteer program.

I indicate by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this agreement and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement have been made. This agree shall be governed by the laws of the state of Florida. If any portion of this agreement is held invalid, the rest of the document shall continue in full force and effect.

Name (please print) _____

Signature _____

(Signature of parent/legal guardian if under the age of 18)

Witnessed by (employee) _____ **Position** _____

Date _____