



Volunteer Release of Liability Agreement (Group)

In consideration of the opportunity afforded us to participate as a Short-Term or Occasional Service Volunteer, we 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 us and/or our family directly or indirectly in connection with, or which may arise out of, our participation as a volunteer, whether caused in whole or in part by the negligence of PINELLAS COUNTY, its officers, employees, agents, volunteers, or otherwise. We further agree not to represent ourselves as an officer, agent, or employee of PINELLAS COUNTY and acknowledge that we are participating as a Short-Term or Occasional Service Volunteer for the COUNTY on our own time and outside the scope of our employment, and that we are not entitled to any COUNTY stipend or fringe benefit. We further agree that any vehicle that we drive to, from, or during a volunteer activity is not property of or an instrumentality of the COUNTY but rather our own property. We acknowledge that the COUNTY will not be responsible or liable for any personal injury or property damage caused in whole or in part by our personal vehicles.

We have read this Volunteer Release of Liability Agreement and fully understand its terms. We further understand that we 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.

We 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.

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

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

Date: _____ Dept: _____ Location: _____

Project Description: _____

Group Leader: _____

Name Phone Number

Address

Group Leader's Signature Date

Names and signatures of Adult Volunteers (for youth: list names, no signature required) Date Hours Volunteered

Continue on reverse side or attach additional pages if necessary.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Site Coordinator: Please create a Vol. Group ID#: _____ . Submit completed form by email or mail:

- Email: volunteers@pinellascounty.org
- Mail: Pinellas County Volunteer Services, 400 South Fort Harrison Avenue, Suite 111, Clearwater, FL 33756