



Hernando County Waiver of Liability and Release Form

I, the undersigned, am a participant in the _____ Program with Hernando County. I understand that the activities involved in participating in the Program contain an element of hazard or risk. I recognize the inherent danger involved and take full responsibility for my intentional or unintentional actions and physical condition before, during or post-program activities. I agree to indemnify and hold Hernando County, its officers, agents, consultants, and representatives harmless from any loss, damage, or injury, which may result from my participation in the program activities. This release of liability and indemnity applies equally to losses, damages, or injuries caused or alleged to be caused in whole or in part by the negligence of the County.

I further agree to release, waive and discharge, and covenant not to sue the County, its officials, employees or volunteers for any claims, demands or actions whatsoever arising out of any damage, loss, injury or death to the undersigned participant that may result from participating in the Program described herein. This release of liability and indemnity applies to undersigned participant, as well as any personal representatives, assigns, heirs and next of kin.

I further understand that during the course of my activities in the program, I may come into contact with individuals who have not received a background screening.

Further, I agree to perform the program activities as instructed; and, my participation can be terminated at any time for any reason. I have had the opportunity to consult with a medical provider prior to participating in the program.

I have read and fully understand the effect of the relinquishment of the rights that I hereby waive and I sign this waiver and release voluntarily.

I grant Hernando County full permission to use my photographs, videotapes, or any other manner of recording my participation in this Program for any purpose.

Printed name of Participant

Signature

Date

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

BY _____

4/9/14

County Attorney's Office

Signature

Date

(Parent or Legal Guardian if under 18)

Contact Information:

Name: _____ Address: _____

Phone No. _____ Email: _____

Emergency Contact #1: _____ Relationship: _____

Phone No. _____

Emergency Contact #2: _____ Relationship: _____

Phone No. _____