

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT
(Tour of Seminole County's Water Treatment Facilities)

I, _____, am over the age of eighteen (18), and wish to participate in a tour of Seminole County's Water Treatment Facilities (the "Program"). I have no health concerns that would endanger me in the performance of the activities described below.

OR

I, _____, give consent and permission as the natural guardian of _____, a minor, who has no health concerns that would endanger him or her in the performance of the activities described below, to participate in the Program.

I acknowledge the Program involves touring Seminole County's Water Treatment Facilities, which includes, but is not limited to, potential hazard areas due to heaving machinery, chemicals, and other hazardous matters. I have been informed and understand there are risks involved with these activities and I fully assume responsibility for these risks for myself and, as applicable, for my child.

In consideration of Seminole County's permission for my participation in the Program, I, for myself and, as applicable, for my child, and for my heirs and assigns, do hereby and forever release and discharge Seminole County, its agents, commissioners, officers and employees from any and all past and future claims, demands, grievances, and causes of action of every kind whatsoever, including, but not by way of limitation, all liability for property damages and personal injury of every kind, nature or description arising from or related to the Program, my or my child's participation in the Program, or my or my child's presence on Seminole County sites as a part of the Program, including all damage or injuries of every kind, nature or description arising from my negligence or the negligence of Seminole County, its agents, contractors, vendors, commissioners, officers or employees.

I, for myself and, as applicable, for my child, shall indemnify and hold harmless Seminole County from any and all claims, demands and causes of action of every kind and nature arising out of my participation in the the Program, or out of my presence on County sites as part of the Program, including all claims, demands and causes of action arising from my negligence or the negligence of Seminole County, its agents, contractors, vendors, commissioners, officers, or employees.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN



READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF SEMINOLE COUNTY USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER SEMINOLE COUNTY IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND SEMINOLE COUNTY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Signature of Parent or Participant

Date