



BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
Finance and Administrative Services Department
Human Resources Division
VIP RELEASE AND WAIVER OF LIABILITY

First Name: Middle Name: Last Name:

VIP Title: Requisition #:

This is a Release and Waiver of Liability. Be advised that when you agree, this form has legal consequences. Please read it carefully before agreeing. If selected as a Volunteer Intern (Volunteer) for Broward County's Volunteer Internship Program (VIP) and in consideration for the opportunity to volunteer, I freely agree to and make the following representations and agreements. I have read and understand the description of my responsibilities as a Volunteer based on the posting and agree to remain within the scope of those responsibilities while volunteering with Broward County. I have no known health problems that would hinder or be aggravated by my participation in this program. I do hereby agree to release, waive, discharge, and covenant not to sue Broward County, its officers, agents, employees, and volunteers (collectively referred to as "Releases") from any and all liability or claims that may be sustained by me, including without limitation personal injury, property damage, economic and non-economic losses, and any rights or claims that may arise directly or indirectly in connection with, or arising out of my volunteer activities, whether caused in whole or in part by the negligence of the Releases. I, further agree, to indemnify and hold harmless the Releases with respect to any and all liability, including all fees, costs, expenses, and attorney's fees, resulting from losses sustained by third parties, arising out of my actions or alleged actions in connection with my volunteer duties described herein.

I have read this Release and Waiver of Liability, fully understand its terms, and understand that I have given up substantial rights to bring suit against the Releases by signing it 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 any and all liability to the greatest extent allowed by law. I further agree that if any portion of this Release and Waiver of Liability is held to be invalid, the balance notwithstanding shall continue in full legal force and effect.

I, on behalf of myself do hereby grant full permission to Broward County to use photographs, videotapes, recordings, and any other record of the activity for any legitimate purpose whatsoever.

I, the undersigned, fully understand and agree to the above Release and Waiver of Liability.

SIGN VIP Intern's Signature Date:

IF VIP INTERN IS UNDER 18 YEARS OF AGE

AND I, the minor's parent and/or legal guardian, understand the nature of Broward County's Volunteer Internship Program (VIP). I fully understand and agree to the above Release and Waiver of Liability.

I also hereby grant full permission to Broward County to use photographs, videotapes, recordings, and any other record of the activity for any legitimate purpose whatsoever.

Name of Parent/Guardian Parent/Guardian Phone Name of Witness Witness Phone

SIGN Parent/Guardian Signature Date SIGN Witness Signature Date