TOM LLOYD
Director
toml@santarosa.fl.gov

4499 Pine Forest Road | Milton, Florida 32583

I AM AWARE that volunteering for Santa Rosa County ("County") involves risk of personal injury, property damage, and other risks associated with volunteer services.

I RELEASE Santa Rosa County from any and all liability for all losses, damages, and claims, (including attorney fees and cost), resulting from injury to the person listed below or to his or her property arising from the volunteering services.

I HERBY HOLD HARMLESS Santa Rosa County and project organizers from any and all claims, actions, causes of action, demands, or damages relating to or arising out of any activity related to volunteering for the County. These releases are effective for me, my personal representatives, assigns, and heirs.

I HEREBY confirm, represent and warrant that I have never been convicted of any violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape, or sexual offense of any kind or any violation of law, nor have I ever been ordered by court to receive psychiatric or psychological treatment in connection therewith.

FURTHERMORE, I agree to utilize my own vehicle for transportation to and from the County, and further agree that I will be fully responsible for any and all damages or injuries sustained by myself and anyone else in my vehicle. I agree not to provide transportation for any of the children that attend any of the programs for which I volunteer. I hereby represent and warrant that I am fully insured to operate my personal vehicle, to the extent required by law.

I ASSUM FULL RESPONSIBILIY FOR any and all claims and costs (including my own) arising directly or indirectly out of activities, acts or omissions while volunteering with Santa Rosa County.

FURTHERMORE, I authorize Santa Rosa County to use my name and give any organization involved with Santa Rosa County permission to photograph me. I understand that Santa Rosa County has permission to use my name, photographs/videotapes, likeness, image, voice and biography in all media, publications, advertising, and for publicity purposes in connection with my participation with Santa Rosa Conty Volunteer Program related activity or project unless written notice is received to the contrary.

COVID-19 Policy

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The novel coronavirus, COVID-19, is an infections acute respiratory illness capable of spreading rapidly among humans, which presents symptoms similar to those of influenza and is capable of causing severe illness and death. COVID-19 has been declared a worldwide pandemic by the World Health Organization.

The United States Centers for Disease Control (CDC) publishes and revises a COVID-19 Overview document and guidance on the CDC.gov website. While the state of medical knowledge of COVID-19 is evolving, the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and by airborne spread. People reportedly can be infected and be contagious while showing no symptoms.

By participating in the Volunteer Program, I acknowledge that my duties and responsibilities involve interacting with the public. To mitigate risks related to illness, in volunteering for the County, I agree to abide by the safety guidelines, which are based upon guidance related to COVID-19 issued by the CDC, as well as such other policies and guidelines as may be communicated to me by the County.

I CERTIFY that the statements made in this volunteer release are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party, with legal and proper interest, and I release Santa Rosa County from any liability whatsoever for supplying such information. I understand that I will not be paid for services as a volunteer.

I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND VOLUNTARILY SIGN THE RELEASE AND INDEMNITY AGREEMENT.

VOLUNTEER NAME:	
VOLUNTEER SIGNATURE:	DATE: