

**SARASOTA COUNTY VOLUNTEER SEAGRASS MONITORING PROGRAM - Release of Liability**

**THE UNDERSIGNED** being (check one) \_\_\_\_ at least 18 years of age (“Volunteer”), or \_\_\_\_ younger than 18 years of age and accompanied by a parent/guardian hereby (collectively, the “Young Volunteer”), acknowledge reading and accepting the following Release, and state as follows:

1. The Undersigned is/are in good health and is/are physically and mentally capable of performing the volunteer tasks associated with the Seagrass Monitoring Program.
2. The Undersigned acknowledge receiving training on the operation of any necessary equipment provided by the County.
3. The Undersigned understands that while participating as a volunteer in the Seagrass Monitoring Program he/she is not considered to be an employee, agent, or representative of Sarasota County Government and agrees not to hold him/herself out as such to other persons. He/she also understands that he/she will not be compensated monetarily or otherwise by Sarasota County.
4. The Undersigned understands that participating in the Seagrass Monitoring Program involves the use of watercraft and potential contact or immersion in water during multiple events on different dates. The Undersigned assumes the risks of injury associated with, but not limited to, working outdoors in natural settings, traversing both natural and man-made terrain, exposure to harmful aquatic organisms, exposure to cold water temperatures, and changing weather conditions. The Undersigned understands that whether he/she uses a privately owned/operated vessel, or if Sarasota County Government is the owner/operator of the vessel, it does not assume any responsibility for any loss, damage or injury, including death, to his/her person or property associated with maintenance and operation of the vessel by the County.
5. The Undersigned understands that when they use their own vessel for this project, they are responsible for the conduct and safety of all passengers. The Undersigned will comply with all safety regulations and registrations associated with the operation and maintenance of a vessel or any SCUBA equipment.
6. The Undersigned consents, (if a minor, the undersigned parents or guardians consent) to emergency medical treatment or procedures in the event that he/she is unable to give actual consent and agrees to remain solely responsible for all related costs and expenses, if any, and further agree (if a minor, the undersigned parents or guardians agree) to indemnify, defend, and hold harmless Sarasota County Government from payment and/or liability in connection with the costs and expenses.
7. The Undersigned releases and indemnifies Sarasota County, its respective officers, staff, agents, employees, volunteers and subsidiaries, affiliates, sponsors, and suppliers associated with the Seagrass Monitoring Program of and from any liability, claims, demands (including attorney fees), actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, which may be sustained by the Undersigned while participating in the Seagrass Monitoring Program.

**THE UNDERSIGNED HAS (HAVE) READ THE FOREGOING RELEASE, UNDERSTAND ITS CONTENTS AND SIGNS IT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

If Volunteer is under 18 years old:

\_\_\_\_\_  
Name of Volunteer (please print)

\_\_\_\_\_  
Name of parent/guardian (please print)

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Zip

\_\_\_\_\_  
City/Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency contact: name and phone no.

\_\_\_\_\_  
Emergency contact: name and phone number