

HOLD HARMLESS
RELEASE OF LIABILITY
FOR
VOLUNTEERS AND PARTICIPANTS OF THE STATE OF FLORIDA
EXTENSION SERVICE
TO RIDE AS PASSENGERS IN A BAY COUNTY
OWNED OR OPERATED VEHICLE

I, _____ hereby affirm that I am a volunteer or participant (circle) in a State of Florida sponsored activity of the Bay County Extension office, and that the State of Florida has extended coverage for medical treatment either through workers compensation or other insurance for accidents or illnesses arising from, during or related to my activities as such. In consideration of being allowed to ride as a passenger in a vehicle owned or operated by Bay County, I hereby further release and hold harmless Bay County, Bay County Board of Commissioners, the Bay County Extension Services, its employees, and their heirs with regards to any and all injury, damages, failure to operate, loss of income or revenue, any and all other damages otherwise associated with transport by County authorized employees of the Co-operative Extension Service in a County owned or operated vehicle.

Signed this _____ day of _____ 20_____.

(If participant is a minor, parent or legal guardian shall sign).

Signature (for) _____
Minor Child

