**ORANGE COUNTY, FLORIDA**

**AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE**
**RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**

WHEREAS, I, _____, (being/not being) over the age of eighteen and not being employed by Orange County, having made a voluntary request to:

TAKE A GUIDED TOUR OF THE ORANGE COUNTY LANDFILL
**(Describe in detail activities to be performed**)

I do hereby:

1. Hereby agree and acknowledge that by my voluntary participation in this event, should an accident occur, any liability, damages, claims and demands of every kind and nature whatsoever arising out of said accident shall be applied to my own personal insurance and not that of the County.

2. Release, waive, and forever discharge Orange County, its officers, employees and agents from any liability, actions, causes of action, damages, claims, and demands of every kind and nature whatsoever arising out of or resulting from the activities described above.

3. Agree to defend, indemnify, and hold harmless Orange County, its officers, employees, and agents, against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages or liability or expense of every kind and nature incurred or arising by reason of any actual or claimed wrongful act or omission of mine while conducting the activities described above.

This release, waiver and hold harmless agreement shall be binding upon me and my heirs, personal representatives, successors, and assigns.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

## 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 ORANGE 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 FROM ORANGE 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 ORANGE COUNTY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

**____ CHECK HERE IF SIGNING FOR A MINOR CHILD.**

**RELATIONSHIP TO CHILD: _____(I.E. PARENT, GUARDIAN, ETC.)**

_____ **Date**

_____ **Signature**

_____ **Print Name**

_____ **Witness**

_____ **Address**

_____ **(Parent or Guardian's signature if a minor)**

**F.S. 744.301**
**10/1/12**

**CAUTION**
**READ THIS DOCUMENT IN FULL BEFORE SIGNING**