

ADULT VOLUNTEER RELEASE AGREEMENT

FOR INDIVIDUALS

I, _____ (the “Volunteer”), hereby agree to this Adult Volunteer Release Agreement (“the Agreement”), and give my consent to participate in a volunteer activity of the Alachua County Volunteer Services Program. While on County premises, I agree to abide by all of the rules of conduct governing the employees and staff of the County in performing my Volunteer activity. I further agree to the following stipulations:

1. Medical Treatment: I give my consent for Alachua County to provide, administer, or obtain medical treatment for me if medical treatment is needed while I am performing my Volunteer activity.
2. Media Release: I grant and convey to the County all rights, title, and interests in any and all photographs, images, and video or audio recordings of myself and my likeness and voice made by Alachua County in connection with my participation in Alachua County events, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
3. Public Records Laws: I understand that all records created in the scope of my volunteer duties and capacity are subject to Florida Public Records laws, and may be made available for public inspection at any time.
4. Volunteer Status: I understand that the scope of my relationship with Alachua County is limited to a volunteer position, and that I am participating as a volunteer on my own time, outside the scope of my employment. I understand that I am not entitled to any Alachua County stipend, compensation, fringe benefit, or other employment rights applicable to the employees of Alachua County. I understand that I am not an officer, agent, or employee of Alachua County, and agree not to represent myself as an officer, agent, or employee of Alachua County. I further understand that as a volunteer, I am not subject to any provisions of state law relating to public employment, to any collective bargaining agreement between Alachua County and an employees’ association or union to any laws relating to hours of work, rates of compensation, leave time, or employee benefits, except as provided under section 125.9504, Florida Statutes.
5. Enforceability: I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Florida. I agree that in the event that any clause or provision of this Agreement is deemed invalid, the enforceability of the remaining provisions of this Agreement shall not be affected.
6. Effective Period: This Agreement shall become effective immediately on the date I sign and shall remain in effect and be enforceable by Alachua County throughout the entire time period during which I volunteer with the County unless I revoke this Agreement in writing. I understand that if I revoke this Agreement, I will not be allowed to volunteer for Alachua County. For any reason whatsoever, Alachua County may terminate this volunteer agreement.

I have read this Agreement and fully understand its terms. I further understand that I have given up substantial rights by signing this Agreement and have signed it freely and without any inducement or assurance of any nature. Under penalties or perjury, I declare that I have read the foregoing, and all are true to the best of my

knowledge and belief. By signing below, I express my understanding and intent to enter into this Adult Volunteer Release Agreement knowingly and voluntarily.

Volunteer Name (Print): _____

Volunteer Signature: _____

Date: _____

Additional Information

Home Address: _____

E-mail: _____

Phone: _____

Department: _____

Location: _____

Description of Duties: _____