THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA RISK MANAGEMENT

EMPLOYEE RELEASE AND HOLD HARMLESS AGREEMENT FOR EVENTS AND ACTIVITIES

<u>Instructions</u>: The employee must complete and sign the form in the presence of a witness who is known to them and 18 years of age or older. The witness must also sign and date the form. One form must be completed for each activity or event. An employee will not be allowed to participate in the activity or event until they complete, sign, and return this form to the event or activity coordinator.

complete, sign, and retain this form to the event of delivity deoramator.	
I,, in consideration of The S Employee Name (Print)	School Board of Sarasota County,
Florida, permitting me to participate in	
Event/Activ	rity (Print)
at during my personal off do	uty time, agree to release and hold
harmless The School Board of Sarasota County, Florida, its employees and including but not limited to, claims caused by the negligence of The School I and/or its employees and agents, judgements, costs or other expenses, including injury or property damage resulting in any way from participation in the	Board of Sarasota County, Florida luding attorney fees, arising out of
I acknowledge that I will engage in these activities during my personal off duoutside the course and scope of my regular employment with The School Boa	•
I fully understand that engaging in a self-directed fitness regimen may be hat including, but not limited to, sprains, strains, contusions, abrasions, broken attack and in extreme cases, paralysis or death.	
This release is freely and voluntarily executed by the undersigned after having release, I have not relied on any inducements, promises, or representations not contained herein.	
Employee Signature	Date
Witness Name (Print)	
Witness Signature	 Date
Distribution: Original – Event/Activity Coordinator (Risk Management)	Copy - Employee

RET: Master, 5FY, GS1-SL 378 Dupl., OSA