



SOUTH FLORIDA WATER MANAGEMENT DISTRICT

Agreement For Group Volunteer Services

THIS SECTION IS TO BE COMPLETED BY ALL VOLUNTEERS ASSOCIATED WITH THE VOLUNTEER GROUP AND REMAINS A PART OF THE AGREEMENT FOR GROUP VOLUNTEER SERVICES FROM

GROUP NAME _____
AUTHORIZE REPRESENTATIVE _____

I CERTIFY THAT I HAVE NO MEDICAL CONDITIONS, OR RESTRICTIONS, WHICH WOULD PROHIBIT ME FROM PERFORMING THOSE DUTIES DESCRIBED HEREIN. I FURTHER ATTEST THAT I HAVE MEDICAL COVERAGE IN THE EVENT I AM INJURED PERFORMING MY VOLUNTEER DUTIES.

I DO HEREBY FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS AND PERSONAL REPRESENTATIVES, REMISE, RELEASE FROM LIABILITY, INDEMNIFY AND HOLD HARMLESS THE DISTRICT, ITS OFFICERS AND EMPLOYEES FROM ANY CLAIMS OR ACTIONS INVOLVING MY VOLUNTEER SERVICE THROUGH THE SIGNING OF THIS FORM, I UNDERSTAND AND AGREE TO THE PROVISIONS OUTLINED ON BOTH SIDES OF THIS DOCUMENT.

_____ Name of Volunteer	_____ Signature	_____ Date
_____ Name of Volunteer	_____ Signature	_____ Date
_____ Name of Volunteer	_____ Signature	_____ Date
_____ Name of Volunteer	_____ Signature	_____ Date
_____ Name of Volunteer	_____ Signature	_____ Date
_____ Name of Volunteer	_____ Signature	_____ Date
_____ Name of Volunteer	_____ Signature	_____ Date
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PLEASE DISTRIBUTE TO THE FOLLOWING: ORIGINAL: HUMAN RESOURCES; COPIES: RISK MANAGEMENT, DEPARTMENT UTILIZING VOLUNTEER GROUP, GROUP MANAGER