

VOLUNTEER WAIVER

JEEP UNIT

I, _____, understand the nature of the work for which I have **volunteered**. Consequently, I assume all the risks related thereto. I certify that I am qualified and physically capable of accomplishing the tasks that I agree to participate in relative to search operations. I assert that I have a valid driver's license and carry proper insurance on my vehicle. I understand that it my responsibility to maintain my driver's license and vehicle insurance.

As a volunteer, I understand that I am not an agent of the Pasco Sheriff's Office, nor do I receive any salary or other compensation from the sheriff's office. I further understand that I am not entitled to Worker's Compensation for any injury suffered while participating in search operations and will be solely responsible for any medical expenses incurred during search operations.

I agree to obey, without question, the directives of any member of the Pasco Sheriff's Office.

I do hereby hold harmless, release and forever discharge the Pasco Sheriff's Office, the Pasco County Government, their employees, agents, successors and assigns from any and all liability, suits, damage, injury, loss, claims, demands, and actions of any kind and nature, arising from or in any way relating to my voluntary participation with the Pasco Sheriff's Office in search operations including travel to and from such operations. I fully understand that I must obey all the laws of the State of Florida, including motor vehicle laws and navigational laws while participating in or traveling to or from any search and rescue operations.

I agree to operate my vehicle in a careful and prudent manner while traveling to and from any search and rescue operations and while conducting any search and rescue operations. I understand that I am responsible for any expenses incurred as a result of my participation in search and rescue operations, including gasoline and any repairs to my vehicle as a result of participation while traveling to and from any search and rescue operations and while conducting any search and rescue operations.

I also freely grant the Pasco Sheriff's Office or its designee the right to investigate my criminal background utilizing the information provided by me below.

This release of liability is executed freely and voluntarily, with full knowledge and understanding of the contents included herein.

Volunteer Signature

Volunteer Printed Name

Address

Phone Number

Social Security Number/Date of Birth

Date