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 hereb	r.	
		in this event, should an accident occur, any liability, damages, claims accident shall be applied to my own personal insurance and not that of
	Release, waive, and forever discharge Orange County, its officer damages, claims, and demands of every kind and nature whatsoever a	s, employees and agents from any liability, actions, causes of action, rising out of or resulting from the activities described above.
		officers, employees, and agents, against any and all manner of actions, ty or expense of every kind and nature incurred or arising by reason of g the activities described above.
	This release, waiver and hold harmless agreement shall be binding assigns.	g upon me and my heirs, personal representatives, successors, and
	hereby represent that I have carefully read and understand the conter	its of this document and sign the same of my own free will.
PROVINJUR CERT ELIMII AND Y PERS DAMA ACTIV	ED OR KILLED BY PARTICIPATING IN AIN DANGERS INHERENT IN THE ACTIVATED. BY SIGNING THIS FORM YOU YOUR RIGHT TO RECOVER FROM ORADNAL INJURY, INCLUDING DEATH, TABLE THAT RESULTS FROM THE RISKS ITY. YOU HAVE THE RIGHT TO REFUS	UNTY USES REASONABLE CARE IN NCE YOUR CHILD MAY BE SERIOUSLY THIS ACTIVITY BECAUSE THERE ARE VITY WHICH CANNOT BE AVOIDED OR ARE GIVING UP YOUR CHILD'S RIGHT NGE COUNTY IN A LAWSUIT FOR ANY TO YOUR CHILD OR ANY PROPERTY THAT ARE A NATURAL PART OF THE SE TO SIGN THIS FORM, AND ORANGE IT YOUR CHILD PARTICIPATE IF YOU DO
	SIGN THIS FORM. SHECK HERE IF SIGNING FOR A MINOR CHIL) .
		(I.E. PARENT, GUARDIAN, ETC.)
Date		Signature

F.S. 744.301 10/1/12

Witness

Print Name

(Parent or Guardian's signature if a minor)

Address