

DORCHESTER COUNTY SHERIFF'S OFFICE

SUMMERVILLE
212 Deming Way, Box #9
Summerville, SC 29483
Office (843) 832-0300
Fax (843) 832-0308



ST. GEORGE
100 Sears Street
St. George, SC 29477
Office (843) 563-0259
Fax (843) 563-0263

SHERIFF L.C. KNIGHT

Dorchester County
Volunteer Hold Harmless Agreement and Release

I, _____ the undersigned, willfully give the authority to execute this Agreement and Release for myself and making the following declarations: I am granting permission for voluntary participation and/or performance in the activities as a Volunteer _____, as directed by _____.

I understand and recognize that I am responsible for my own well being and the well being of the other Participants. I declare that it is in my best interest, as well as that of the other Participants, to follow suggestions, guidelines, and/or rules of the Activity Supervisors, and/or Coordinators and that my participation and/or performance in this activity is entirely voluntary or is at the direction or request of persons or entities not associated with Dorchester County.

I fully understand and appreciate the potential dangers, hazards and/or risks, directly and/or indirectly inherent in participating in the activity, which could include loss of life, serious loss of limb, or loss of property, Also I understand that the consumption of alcohol and/or the use of drugs are strictly prohibited and could result in my dismissal from further participation in the activity.

I further understand that Dorchester County does not carry medical, liability insurance, or Workers Compensation Insurance for me while I am participating and/or performing in my volunteer duties for Dorchester County. By placing my signature below, I acknowledge to Dorchester County that I have adequate medical and hospitalization insurance for any injuries that I may incur as a result of participating and/or performing in this activity.

NOW THEREFORE, in consideration for being allowed to participate in this voluntary activity, I agree to hold the Supervisor(s) and Coordinator(s) of this activity, Dorchester County, it's County Council, Agents, Officers, Employees and Volunteers harmless for any and all direct, indirect, special or consequential damages, or costs, legal or otherwise, which I may incur as a result of my participation and/or performance in this voluntary activity, even if due to the negligence of Dorchester County or any person serving in the above-identified capacities.

I have read the above terms of the agreement/release, and I understand and voluntarily agree to the terms and conditions. This agreement/release shall be binding upon the Heirs, Administrators, Executors, and assigns of the undersigned. I have received a copy of this agreement.

Participant Signature

Witness Signature

Participant Address

Witness Address

Date

As a parent/guardian of the above named minor, I have read the above terms of this agreement, and I understand and agree to the terms and conditions stated herein. This agreement/release shall be binding upon Heirs, Administrators, Executors and assigns of the undersigns of the undersign, I further agree to indemnify Dorchester County, it's Agents, Officers and Employees against any action brought against Dorchester County by the above named participant, including but not limited to an action brought by him or the above named minor.

Parent/Guardian Signature

Date

Parent/Guardian Address

Phone Number