



County of Adams
Acknowledgement, Release and Hold Harmless Agreement

Volunteer/Unpaid Intern (current student) positions

I, _____, wish to participate in a volunteer or unpaid intern position with the County of Adams in the _____ department.

I understand that I am not an employee and have no rights, benefits, or responsibilities associated with County employment. I am a volunteer or unpaid intern and I am not performing assigned work for compensation.

While I may be requested to perform the duties of my volunteer service or internship during certain hours or on certain days by the Director of the Department or the Elected Official, I understand I am under no legal obligation from the County to actually do so.

I understand that I have no rights to compensation benefits available to employees for work-related injuries or conditions. I also understand that I must comply with all security procedures required at any County buildings during my time here.

I hold the County of Adams, its elected and public officials, its agents, employees, or independent contractors harmless from any claims by me, my family, estate, heirs or assigns arising out of my volunteer or unpaid internship and for any harm, injury, damage, or condition that affects my health or wellbeing in any way connected to the same. I understand that I am personally and privately responsible for the cost of any medical or health related treatment for any injury or condition that is in any way connected to my volunteer or unpaid internship with the County of Adams. I hold the County of Adams harmless of any liability for any injury or condition in any way connected to my internship on private land, public land, in any structure, or while riding in any publicly owned or privately owned vehicle. I agree that I will hold harmless, indemnify, and defend the County and its agents, officials and employees from any damage to persons or property resulting from any negligence and/or intentional acts on my part. I assume the responsibility of mental and physical fitness to perform the volunteer or unpaid internship that is available to me and I will inform appropriate persons if I do not feel capable of the duties of same.

I can read and write the English language and therefor I have read and understood this agreement. I have had the opportunity to ask any questions about it prior to signing it and I sign it of my own free will. If I am under the age of 18, my legal guardian must also give permission for me to act in this capacity.

Signed by: _____ date signed: _____
VOLUNTEER/UNPAID INTERN

Guardian information (if under 18)

_____ Guardian's printed name

_____ date signed: _____
Guardian's signature for permission