



CITY OF MIRAMAR

RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT

INSTRUCTIONS: Complete one for each company representative.

COMPANY NAME: Hearts Homeschoolers

ADDRESS: 9321 NW 14th St Pembroke Pines FL 33024

TELEPHONE NUMBER: 954-2612105 FAX NUMBER: \_\_\_\_\_

COMPANY REPRESENTATIVE'S NAME: Mary Patch

TYPE OF SERVICE PURCHASED BY THE CITY: Field Trip

LOCATION OF SERVICE: Wastewater treatment plant

The undersigned agrees that the City of Miramar and its officers, agents and employees will not be held liable for injuries or other loss which may occur as a result of my services to the City of Miramar and that the undersigned voluntarily assumes the risk of any loss, injury or damage to person or property, which in any way arises out of such utilization City equipment and services rendered.

Further, the undersigned **WAIVES ANY CLAIM** against the City of Miramar and its officers, agents and employees arising from loss, injury or damage and does **COVENANT NOT TO SUE** the City of Miramar and its officers, agents and employees.

Further, the undersigned agrees to **RELEASE, INDEMNIFY, AND HOLD HARMLESS** the City of Miramar and its officers, agents and employees from any and all claims, actions, demands, rights, judgments or expenses arising from or by reason of any and all known or unknown damages, claims or actions arising from such utilization of City equipment and services rendered.

This indemnification and hold harmless shall continue notwithstanding any negligence or comparative negligence on the part of the City of Miramar relating to such loss, injury or damage.

The undersigned has fully read, understood and agrees to each and every term contained in this Release; Waiver and Indemnification Agreement.

\_\_\_\_\_  
Signature /Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City & Zip Code

( ) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Signature (Witness) /Date

\_\_\_\_\_  
Print Name (Witness) /Date