



Volusia Sheriff's Office Communications Center (EOSCC) Observation/ Job Shadowing WAIVER AND RELEASE Form

Printed Name of Student: _____ **Date:** _____

I, the undersigned parent/guardian, give my permission and consent for my above-named child to participate in the Volusia Sheriff's Office Job-Shadowing Program at the Volusia Sheriff's Office Communications Center (EOSCC).

I understand the risks to my above-named child participating in the Job Shadowing Program may include but are not limited to exposure to psychological or psychiatric trauma, serious injury and even death. I agree to assume, on behalf of my above-named child, all risk, responsibility and liability to my above-named child for any personal injury, psychological or psychiatric trauma, or wrongful death that may result from my above-named child's participation in the Job Shadowing Program arising from my child's negligence or the negligence of Volusia Sheriff's Office or the negligence of any third party.

In consideration of the Volusia Sheriff's Office permitting my child to participate in Volusia Sheriff's Office Job Shadowing program, I hereby agree, irrevocably, to indemnify and hold harmless the Volusia Sheriff's Office, and the County of Volusia, their elected officials, officers, directors, representatives, agents, advisors and employees from and against any and all claims, suits, liens, judgments, damages, losses and expenses, including legal fees and all court costs and liability (including statutory liability) arising in whole or in part and in any manner from any injury and/or death of person or damage to or loss of any property resulting from, arising out of, or in any way connected with, my child's participation in the Volusia Sheriff's Office Job Shadowing Program. It is my intention that this assumption of risk described herein shall be binding on myself, my above-named child and all our personal representatives, heirs, executors, trustees, administrators, agents and assigns.

Also, I agree that my above-named child, will abide by the terms and conditions set forth below and I authorize my above-named child to sign acknowledging same.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS AGREEMENT. I FULLY UNDERSTAND THAT BY EXECUTING IT I AM GIVING UP MY RIGHT TO BRING ANY LEGAL ACTION OR ASSERT ANY CLAIM AGAINST VOLUSIA SHERIFF'S OFFICE OR THE COUNTY OF VOLUSIA, ON THE BASIS OF THE NEGLIGENCE OF THE VOLUSIA SHERIFF'S OFFICE, THE COUNTY OF VOLUSIA, ANY THIRD PARTY, OR MY ABOVE-NAMED CHILD, ARISING FROM OR IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THE JOB SHADOWING PROGRAM. IN ADDITION, I ACKNOWLEDGE THAT I HAVE VOLUNTARILY SIGNED THIS AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE TO ME BY THE VOLUSIA SHERIFF'S OFFICE, ITS AGENTS, OR REPRESENTATIVES.

Agreed to and accepted by:

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, _____, by _____

Affiant's Name

Signature of (Notary Public-State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known OR Produced Identification

(Type of Identification Produced)

This document is to be signed by each student permitted into the Communications Center for observation, in conjunction with the Communication Center personnel.

1. Students will observe in 6 hour increments gaining exposure to call-handling and Fire/EMS operations. Observation times are as follows:
 - a. 06:30 -12:30
 - b. 12:00-18:00
 - c. 18:30-01:30
2. Students will park in the front parking lot. (Before/After business hours ring the intercom for entry)
3. If the student's name is not on the schedule, the student will not be permitted to observe.
4. All students will be required to sign the Visitor Security Log.
5. Taking photos or videos of any kind while inside the Communications Center is not permitted.
6. Students will be required to wear appropriate uniform attire.
7. There are vending machines available for use.
 - a. The machines take credit, cash and wallet pay type applications.
8. All drinks are to be in a cup or bottle with a secured lid.
9. Eating and drinking is permitted on the communications floor.
 - a. Please clean up after yourself.
10. There are multiple restrooms throughout the facility.
11. Students will be allotted ten minute breaks every 2 hours and restroom breaks as needed.
12. Students are to remain on the Sheriff's Office side of the building unless being escorted by an employee to the (EOC) Emergency Operations Side.

Student Signature: _____ **Date:** _____

EOSCC Personnel Signature: _____ **D.I.D:** _____