STUDENT PROGRAM
RELEASE, WAIVER, AND INDEMNIFICATION AGREEMENT

In consideration of the benefits, in the form of training and experience, I will receive as a Student in the practical experience assignment (the "Program") provided through an Agreement between the DISTRICT BOARD OF TRUSTEES OF STATE COLLEGE OF FLORIDA, MANATEE-SARASOTA ("College") and the City of North Port, Florida ("City"), I hereby agree as follows:

I, _____, for myself, my heirs and personal representatives, hereby assume all liability, risks, injuries and hazards to myself incidental to, or as a result of, my participation in the Program, including but not limited to transportation to and from the Program. I acknowledge the fact that the Program may have and/or involve distinct or inherent risks of physical injury or possibly even death, and physical contact or other conditions or factual circumstances where physical or other injuries may occur, due to the nature of the activity. I HEREBY WAIVE, RELEASE, AND AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS, THE CITY OF NORTH PORT, FLORIDA, ITS COMMISSIONERS, OFFICERS, AGENTS, EMPLOYEES, AND THE PROGRAM ORGANIZERS, COLLEGE, ITS FACULTY AND STAFF, SPONSORS, SUPERVISORS AND OTHER STUDENTS FROM ANY CLAIM, DEMAND, LIABILITY, COST, SUIT, JUDGMENTS, DAMAGES, CHARGES OR COMPENSATION FOR LOSS OR INJURY OF ANY KIND (INCLUDING BUT NOT LIMITED TO REASONABLE ATTORNEYS' FEES AND COURT COSTS, WHETHER SUCH FEES AND COSTS ARE INCURRED IN NEGOTIATIONS, AT THE TRIAL LEVEL OR ON APPEAL, OR IN THE COLLECTION OF ATTORNEYS' FEES), ARISING OUT OF A LOSS OR AN INJURY, INCLUDING LOSSES OR INJURIES ARISING FROM ANY ACTS, ACTIONS, INACTIONS, OR NEGLIGENCE OF THE CITY, ITS COMMISSIONERS, OFFICERS, AGENTS, EMPLOYEES, OR THE PROGRAM ORGANIZERS, COLLEGE, ITS FACULTY AND STAFF, SPONSORS, SUPERVISORS OR STUDENTS, FROM MY PARTICIPATION IN THE PROGRAM. I ACKNOWLEDGE THAT THE CITY WILL NOT ASSUME ANY COSTS RELATING TO ANY INJURY WHILE I AM INVOLVED IN THIS PROGRAM. NOTHING HEREIN SHALL CONSTITUTE A WAIVER OF SOVEREIGN IMMUNITY OR CONSENT BY THE CITY OF NORTH PORT OR ITS SUBDIVISIONS TO A SUIT BY THIRD PARTIES.

This Release, Waiver and Indemnification Agreement is in consideration of the City and the College allowing my participation in the Program and in further consideration of the City not requiring self-funded liability insurance coverage on my part as a condition precedent to my participation in the Program. I freely and voluntarily assume all risk of loss or injury arising from my participation in the Program, whether due to my negligence or the negligence or intentional acts of others. I acknowledge that, absent this Release, Waiver and Indemnification Agreement, the City of North Port, Florida, or other sponsors of the Program, would not have allowed me access to the Program because of unacceptable exposure to civil liability claims or the expense of providing an experience that is risk-free. I have read and understand this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I might otherwise be entitled if I am hurt or suffer loss during my participation in the Program. I understand that this Release, Waiver and Indemnification Agreement is continuing in nature and shall apply to all incidents that may occur during my participation in the Program for a period of one year from the date of my signature.

Student Status. I understand that as a student in the Program I am not an employee of City of North Port, Florida, or the North Port Police Department and that as a student, I am not entitled to any of the benefits such an employee may receive, including but not limited to, wages or other compensation, insurance coverage and workers' compensation coverage.

YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT. YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS. YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT.

Date: _____

By: _____
            Student Signature

By: _____
            Print Student Name