



**HOLD HARMLESS AGREEMENT**  
**For Individuals or Organizations Who Participate in Volunteer**  
**Activities for the Geauga County Department of Aging**

\_\_\_\_\_, (as the volunteer(s) individually or as the parent or guardian of the Volunteer(s) if the Volunteer(s) is(are) a minor(s), or as the authorized representative of a company, corporation or other entity if the Volunteer(s) is(are) an employee(s), agent(s), officer(s) or member(s) of same) hereby agree(s) to indemnify, hold harmless and defend the County of Geauga, Ohio, its officers, agents and employees from all claims, demands, suits, recoveries, judgments, including reasonable attorney's fees and costs of litigation, and all other costs, fees and expenses of any nature, asserted against and/or otherwise incurred by the County of Geauga, Ohio, and which arise out or are in any manner connected with any act or omission of the Volunteer(s)) as a participant(s) in volunteer activities for the Geauga County Department of Aging.

**VOLUNTEER:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**SIGNATURE OF PARENT OR GUARDIAN  
ALSO REQUIRED IF VOLUNTEER IF A  
MINOR CHILD (UNDER 18 YEARS OF AGE)**

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

**SIGNATURE OF AUTHORIZED  
REPRESENTATIVE OF COMPANY,  
CORPORATION OR OTHER ENTITY IF  
VOLUNTEER IS AN EMPLOYEE, AGENT OR  
OFFICER**

\_\_\_\_\_  
(Signature or Authorized Representative)

\_\_\_\_\_  
(Date)

Title: \_\_\_\_\_