



**MIAMI-DADE COUNTY PARK & RECREATION DEPARTMENT  
RESEARCH WORKER APPROVAL FORM**

I request approval to perform research at \_\_\_\_\_, a unit of Miami-Dade County Park and Recreation Department or the Department of Environmental Resource Management's Environmentally Endangered Lands Program under the supervision of Natural Areas Management, effective \_\_\_\_\_. I understand that I am not an employee of Miami-Dade County and will not receive payment for my research activities. I understand that as a researcher I am covered under the Worker's Compensation Laws of the State of Florida as outlined in Section 440 of the Florida Statutes. I further agree to immediately notify my supervisor if I am injured in the performance of my research activities. As a researcher I will be performing the following types of activities in Miami-Dade County:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further understand that as a researcher I am not allowed to operate any power equipment, drive County vehicles, handle County funds, supervise County employees, provide "lifeguarding" services, or use/handle pesticides, herbicides, or other hazardous chemicals. Exceptions to these restrictions must be approved in writing by the Department Director.

In exchange for Miami-Dade County's consent to allow me to perform research activities, and to allow me access to certain County facilities for this purpose, and for other good and valuable consideration, receipt of which is hereby acknowledged, the undersigned researcher hereby releases, indemnifies and saves harmless Miami-Dade County and its Park and Recreation Department, Environmentally Endangered Lands Program, its officers, agents and employees, from and against any and all liability, actions and causes of action which may arise, directly or indirectly, from the services and work performed by me as a researcher and from the premises which I will occupy in performing those services and matters incidental thereto.

NAME: \_\_\_\_\_ SS# (last four digits): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**DIVISION APPROVAL**

I approve the above-named individual to function as a researcher in Miami-Dade County's park sites as outlined above. Authorization expires one year from the date of approval.

\_\_\_\_\_  
Division Head Authorization

\_\_\_\_\_  
Date