

# ADOPT-A-ROAD

A program of the King County Road Services Division

## MINOR PARTICIPATION PERMISSION

*This form must be completed for each volunteer under 18 years of age prior to participation in the program and kept on file by the Volunteer Group Leader.*

Name of Minor \_\_\_\_\_

Volunteer Group Name \_\_\_\_\_ Locator # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

The **ADOPT-A-ROAD Program** allows volunteers young and old to contribute toward the effort to control litter and enhance roadside and neighborhood appearance.

Volunteers are informed and acknowledge being advised that working adjacent to a roadway can be a hazardous activity which can cause bodily injury and or property damage. Volunteers agree they shall exercise due care and caution in performing litter pick up activities, Volunteers further acknowledge they have received safety instruction that includes review of the **ADOPT-A-ROAD Safety Rules** prior to participating in any cleanup activities.

Volunteers shall wear the safety hat and vest furnished by the Department, and appropriate protective clothing during cleanup activities.

### By signing below I certify that:

The above named minor child is participating under control of the volunteer group and not King County.

I understand and agree that the above named minor child will abide by the **ADOPT-A-ROAD Safety Rules**.

I agree to release and forever discharge King County, its agents, employees and officials from any and all liability whatsoever for damages or injury resulting from participation in this program.

### PARENT/LEGAL GUARDIAN PERMISSION AND ASSUMPTION OF LIABILITY

As Parent/Legal Guardian I, (print name) \_\_\_\_\_ hereby grant my permission for the above named minor child to participate in the ADOPT-A-ROAD program. I acknowledge, agree and understand that said participation involves risks and inherent dangers that may cause injury and/or death. On behalf of myself and the minor child above I agree to release and forever discharge King County.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### EMERGENCY MEDICAL TREATMENT AUTHORIZATION

As Parent/Legal Guardian of the above minor child volunteer I, (print name) \_\_\_\_\_ authorize qualified emergency medical personnel, including a physician and staff, to examine the above named minor child, in the event of injury, and to administer emergency care and to arrange for any consultation by a specialist, including a surgeon as deemed prudent for proper care of any injury. Every effort will be made to contact the Parent/Legal Guardian prior to any treatment.

Signed \_\_\_\_\_ Date \_\_\_\_\_



Department of Transportation  
Road Services Division

King County **ADOPT-A-ROAD Program**

KSC-TR-0313, 201 South Jackson Street, Seattle, WA 98104-3856 | **206.296.3807** | Fax 206.296.0566

Rev 03/07