



ADOPT-A-ROAD PROGRAM VOLUNTEER PARTICIPANT RELEASE & WAIVER FORM

NAME OF VOLUNTEER: _____
(Please Print)

I am at least 18 years of age and have read the General Provisions and Guidelines, viewed the [Safety Training Video](#) and agree that I am assuming all risks of conducting the work authorized as a Volunteer Participant for County Road Clean-up Days and indemnify and hold the County harmless from and for any and all injuries or damage which might occur as a result of the organization or individuals conducting the work.

Participant Signature: _____

Date: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Do you have a health problem we should be aware of in an emergency? Yes _____ No _____

(If Yes, describe such as a history of back trouble, heart, epilepsy, diabetes, fainting, etc.)

Is there a medication you must take? Yes _____ No _____

Is there a medication to which you are allergic? Yes _____ No _____

If yes, medication is: _____

Medical or Hospital Insurance Plan: _____