



ADOPT-A-ROAD PROGRAM
INDIVIDUAL PARTICIPANT RELEASE FORM

ALL PARTICIPANTS MUST SIGN (Including Those Under The Age Of 18).

Name of Organization:

Name of Participant:

SS#:

Address/City, State, Zip

Area Code/Phone Number

Emergency Contact/Relationship

Area Code/Phone Number

The Transportation Division's Adopt-A-Road Program is for volunteers that donate their time to help keep the City of Gresham roads clean and clear of debris. Participants are advised that working adjacent to a road can be hazardous and that they must exercise extreme caution in performing litter collection activities. Participants must receive safety training utilizing training aids furnished by the City prior to participating in any clean-up activities. Participants must wear the safety vest furnished by the City and appropriate clothing during clean-up activities. And, all participants must obey the Safety Guide Lines outlined in the Adopt-A-Road Packet.

By signature below, I verify that I am a volunteer, 13 years of age or older, have read the Safety Guidelines. I understand that my participation in this program is at the discretion of the City. All work performed for the City is on an uncompensated, voluntary basis. I also understand the rights, responsibilities and privileges of participation in the Adopt-A-Road Program. I understand that I am not included in the City's worker's compensation coverage and will look to my own insurance, if needed. I agree to hold harmless the City of Gresham, its agents, employees and all other persons against loss or expense, including attorney's fees, by the reason of bodily injury, property damage or personal injury arising out of the negligent or intentional conduct of myself. I understand the nature of the volunteer assignment that I am to perform and certify that I have taken all necessary precautions to be certain that I am in proper condition to participate in such activities.

Signature/Date: _____

THIS PARENTAL ENDORSEMENT MUST BE COMPLETED IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE.

I have read and understand the above RELEASE AGREEMENT and agree to its provisions as they apply to my child, and also agree to be fully bound by them. I certify that my child is physically capable and medically able to participate in these activities. I further assume full responsibility for my child relating to any and all activities covered by this Volunteer Agreement Form.

Signature of Parent/Guardian if Participant is under age of 18. Date: