



proud past, promising future

CLARK COUNTY
WASHINGTON

Superior service that is responsive and cost justified

PUBLIC WORKS

Volunteer Informed Consent/Release Form

*NOTE: This form needs to be completed and returned within two days after **each cleanup**.*

Group Leader _____

Volunteer Group Name _____

The Adopt-A-Road Program encourages volunteers to contribute toward the effort to control litter and enhance roadside and neighborhood appearance. Volunteers acknowledge having been advised that working adjacent to a roadway can be a hazardous activity that can cause bodily injury or death and/or property damage. Volunteers agree to exercise due care and caution in performing litter pick up or other approved activities. Volunteers further acknowledge that they have received safety instruction that includes review of the Adopt-A-Road Safety Rules prior to participating in any cleanup activities. Each volunteer agrees to wear the safety vest furnished by Public Works, and appropriate protective clothing, during cleanup activities.

By signing below I certify that:

I am participating and am under the supervision of our Volunteer Group and not Clark County. I understand and agree to abide by the **ADOPT-A-ROAD Safety Rules**. On behalf of myself and my representatives, my estate and personal representatives thereof, my heirs and assigns, I hereby forever release Clark County, its elected and appointed officials, departments, officers, employees and agents, from any and all costs, claims, losses, liabilities or damages arising from or in any way related to, my service as a volunteer in the Clark County Adopt-A-Road Program. I intend this release to be effective, regardless whether the claim of liability is asserted in negligence, strict liability in tort, or other theory of tort recovery. For myself and my representatives, my estate and personal representatives thereof, my heirs and assigns, I covenant and agree to make no claim, nor to institute any suit, action or proceedings against Clark County, its elected and appointed officials, officers, employees and agents, relating to an accident, incident or occurrence arising out of or in connection with our volunteer activities. I understand that Clark County does not maintain any insurance coverage for me or any other person not an employee.

By signing this release, I also agree that any sponsoring agencies may publish any photographs or videos taken of me while volunteering. I agree to indemnify and hold harmless Clark-Vancouver Television (CVTV) and Clark County from any and all liability arising from the use of this recording or photographic image.

Date _____

Locator # _____



For other formats, contact the Clark County ADA Office
Voice (360) 397-2322, **Relay** 711 or (800) 833-6388,
Fax (360) 397-6165, **E-mail** ADA@clark.wa.gov.

