



proud past, promising future

**CLARK COUNTY
WASHINGTON**

Superior service that is responsive and cost justified

PUBLIC WORKS

Minor Participation Permission Form

This form must be completed for each volunteer less than 18 years of age prior to participation in the program and kept on file by the Volunteer Program Coordinator.

Name of Minor _____

Minor's Date of Birth _____

Volunteer Group Name _____

Address _____

City _____ **Zip** _____ **Phone** _____

Note: This form requires the signature of the Parent/Legal Guardian in three places.

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 that, and I acknowledge having been being advised that, working adjacent to a roadway can be a hazardous activity which can cause bodily injury or death and/or property damage. Volunteers agree to exercise due care and caution in performing litter removal activities. Volunteers further acknowledge they have received safety instructions that include review of the Adopt-A-Road Safety Rules prior to participating in any cleanup activities. Volunteers agree to wear the safety vest furnished by Public Works, and appropriate protective clothing, during cleanup activities. I understand and agree that each volunteer, including the minor child named above, will participate under the supervision of the Volunteer Group, and not Clark County, and will abide by the Adopt-a-Road Safety Rules.

Signed _____ Date _____
Parent/Legal Guardian

Parent/Legal Guardian Permission and Assumption of Liability

By signing below I certify that:

As Parent/Legal Guardian of _____, a minor child, 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 bodily injury or death, and/or property damage. On behalf of myself and the minor child above, the child's estate and personal representative thereof, I agree to release and forever discharge Clark County, its elected and appointed officials, agents, employees and officers from any and all liability whatsoever for damages or injury resulting from participation in this program. On behalf of myself and the above named minor child, the child's estate, and the personal representative thereof, I covenant and agree to make no claim, nor to

institute any suit, action or proceedings against Clark County Public Works, its elected and appointed officials, officers, employees and agents, relating to any accident, incident or occurrence arising out of or in connection with the minor child's volunteer activities. I understand that Clark County does not maintain any insurance coverage for the above named minor child or any other person not an employee. I further consent to and authorize use and reproduction of the photograph(s) and/or video taken of the above named minor child. 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.


Signed _____ Date _____
Parent/Legal Guardian

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 _____
Parent/Legal Guardian

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.