## **Adopt-A-Highway Program**

## Youth Participation Release Form

As the parent/guardian of the minor child named below between the ages of twelve through

seventeen, I hereby give permission for him/her to participate in one or more

Adopt-A-Highway roadside cleanups. By my signature I release the Department of Transportation from any liability or responsibility for any injuries or damages he/she may cause or suffer as a result of participation in the Adopt-A-Highway program.

PARENT OR GUARDIAN SIGNATURE		PRINT NAME OF MINOR CHILD	
ADDRESS			<u></u> ,
CITY		STATE	ZIP
TELEPHONE			
DATE	<del></del>		
	Adopt-A	-Highway	
COUNTY:			
GROUP NAME:		ORGID:	

**DIVISION No.** 7 (1 – 14)

**COUNTY NAME:** Guilford

PICKUP KEY: 3V05H

(5 Digits)

**ORG ID: 20316**