



LIABILITY RELEASE ADOPT-A-ROAD PROGRAM

Road Department

61150 SE 27th St. • Bend, Oregon 97702
(541) 388-6581 • FAX (541) 388-2719

I have reviewed the Deschutes County Road Department Adopt-A-Road SAFETY GUIDELINES and am aware of the dangers and risks involved in participating in the Adopt-A-Road program described therein.

I am participating through the permit issued to _____ for the
(Organization or Spoke Person's Name)

section of _____ beginning at _____ and
(Road Name) (Intersection or Milepost)

ending at _____
(Intersection or Milepost)

Further, I understand that I will be responsible and liable for damage or injury to any persons or property (including me and my property) resulting from my actions during this activity.

I protect, hold harmless, defend and release Deschutes County, its officers, agents, employees, and volunteers, against any and all damages, claims, demands, actions, causes of action, costs and expenses of whatsoever nature as a result of my actions during this activity and will notify the Deschutes County Road Department in the event that myself or a third party is injured as a result of my actions during this activity and will notify the Road Department in the event myself or a third party is injured as a result of this activity.

I, the undersigned participant, acknowledge that I have read and understand both the Deschutes County Road Department Adopt-A-Road SAFETY GUIDELINES and the above Liability Release.

- **If a participant is under the age of 18, a separate LIABILITY RELEASE FOR MINOR form must be filled out for each underage participant.**

Participant's Name Printed	Participant's Signature	Date
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2.		
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I, the undersigned participant, acknowledge that I have read and understand both the Deschutes County Road Department Adopt-A-Road SAFETY GUIDELINES and the above Liability Release.

Participant's Name Printed	Participant's Signature	Date
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