

Adopt-a-Road Participant Waiver



Date: _____

Organization Name: _____

The undersigned, intending to be legally bound for myself and on behalf of my minor child, if participating, as well as, my/our heirs, assigns and personal representatives do hereby hold harmless, waive, release discharge and covenant not to sue the City of Salisbury its representatives, agents, employees, contractors, volunteers, successors and assigns (herein after called "Indemnities"), from any and all liability for injuries, death or damages (personal and property) and from any and all loss claim, demand, or cause of action of any kind, arising in any way out of my and/or my child's participation in the Adopt-A-Road Program ("Program") and presence on city property. I agree that I will defend, indemnify and hold harmless each and every one of the Indemnities against all claims, demands and causes of action including court costs and attorney's fees directly or indirectly from any action or other proceeding arising in any way from participation by myself and/or my child in the Program and presence on city property. This indemnity, waiver, and release extends to all claims whether foreseen, unforeseen, known or unknown. I have full knowledge of the risks involved in this Program. I and/or my child is physically for participation in this Program. I hereby authorize medical treatment, at my expense, for myself and/or my child in the event of an injury or illness during the Program. I acknowledge that the City of Salisbury provides no insurance protecting myself or my child for my/our participation in the Program. If pictures are taken during the Program, I authorize the use of these photos for publicity purposes. I understand the City of Salisbury reserves the right to cancel this Program at any time with or without notice.

Participant Name: _____ Age: _____ Parent Signature: _____ Email: _____

Participant Name: _____ Age: _____ Parent Signature: _____ Email: _____

Participant Name: _____ Age: _____ Parent Signature: _____ Email: _____

Participant Name: _____ Age: _____ Parent Signature: _____ Email: _____

Participant Name: _____ Age: _____ Parent Signature: _____ Email: _____

Participant Name: _____ Age: _____ Parent Signature: _____ Email: _____

Participant Name: _____ Age: _____ Parent Signature: _____ Email: _____

Participant Name: _____ Age: _____ Parent Signature: _____ Email: _____

Participant Name: _____ Age: _____ Parent Signature: _____ Email: _____

Participant Name: _____ Age: _____ Parent Signature: _____ Email: _____

Participant Name: _____ Age: _____ Parent Signature: _____ Email: _____

Participant Name: _____ Age: _____ Parent Signature: _____ Email: _____

Participant Name: _____ Age: _____ Parent Signature: _____ Email: _____

Participant Name: _____ Age: _____ Parent Signature: _____ Email: _____

Participant Name: _____ Age: _____ Parent Signature: _____ Email: _____

Participant Name: _____ Age: _____ Parent Signature: _____ Email: _____