SALEM COUNTY ADOPT-A-ROAD PROGRAM

GROUP RELEASE

***(must be signed* & *sent to Salem County Improvement Authority/Solid Waste Division)***

Salem County Improvement Authority/Solid Waste Division

P.O. Box 890, 52 McKillip Road

Alloway, NJ 08001-0890

856-935-7900 ● 856-935-7331 FAX

GROUP NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TODAY'S DATE: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­

CLEAN-UP DATE:­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We understand that participation in the **Salem County Adopt-A-Road Program** involves standing and walking near a County road while traffic is present and is a potentially hazardous activity. I/We assume allrisks associated with participation in the Program and hereby for myself, my heirs, executors, and administrators waive and release the County of Salem, its Freeholders, the Salem County Improvement Authority/Solid Waste Division, its Members, Directors, Officers, Employees and Program Coordinators from all claims, liability, risk of loss, and damages of any kind including wrongful death associated with or arising out of my/our participation in the **Salem County Adopt-A-Road Program**. I/We certify that I/We have reviewed and understand the State of New Jersey Adopt-A-Road Safety Materials appended to the application prior to my/our participation in the Program. The providing of information on conduct, safety or other aspects of the Program does not make the Program Coordinators liable to me for any injury I/We may receive.

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| **Print Name** | **Signature** |  | **Parent/Guardian** | ,. |
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IF SIGNATORY IS LESS THAN 18 YEARS OF AGE, THIS ROSTER

MUST ALSO BE SIGNED BY A PARENT OR GUARDIAN.

SALEM COUNTY ADOPT-A-ROAD PROGRAM

GROUP RELEASE**- CONTINUED**

***( (must be signed* & *sent to Salem County Improvement Authority/Solid Waste Division for each clean-up event)***

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| --- | --- | --- |
| **Print Name** | **Signature** | **Parent/Guardian** |
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