Minor Participation Permission



Maricopa County Department of Transportation 2901 W. Durango St. Phoenix, AZ 85009 (602) 506-4068



Adopt a Road Program

No child under the age of 12 years of age is allowed to participate in the MCDOT Adopt A Road program. This form must be completed for each Participating Group member under 18 years of age prior to participation in the program and kept on file by the Participating Group Leader.

Participating Group Name	
N	me of Minor Age
A	dress
Ci	/ Zip
Pc	ent Emergency Contact Number
MC bo du ac	cipating Group member and their parent or legal guardian acknowledge being advised by DOT that working adjacent to a roadway can be a hazardous activity which can cause ily injury and or property damage. Participating Group members agree they shall exercise care and caution in performing litter pick up activities, Participating Group members further nowledge they have received safety instruction that includes review of the Adopt a Road ty requirements prior to participating in any cleanup activities.
Vo sho	inteers shall wear the personal protective equipment furnished by MCDOT, as well as appropriate as and clothing during cleanup activities.
By •	Igning below I certify that: The above named minor is participating under control of the Participating Group and not Maricopa County.
•	understand and agree that the above named minor child will abide by the Adopt a Road safety requirements.
•	grant permission to use the recorded or photographed image of the above named minor for publication, television, social media, and video distribution throughout the world without compensation. I further agree to hold Maricopa County and its employees harmless from any or all claims or liabilities arising from the appearance and use of the minor's name, voice and/or image (initials)
•	agree to release and forever discharge Maricopa County, its agents, employees and officials from any and all liability whatsoever for damages or injury resulting from participation in this program.
PΑ	ENT/LEGAL GUARDIAN PERMISSION AND ASSUMPTION OF LIABILITY
for wri	darent/Legal Guardian I, (print name)
Sig	ature Date
EN	RGENCY MEDICAL TREATMENT AUTHORIZATION
As	arent/Legal Guardian of the above minor child I, (print name)
ab arr	orize qualified emergency medical personnel, including a physician and staff, to examine the ve named minor child, in the event of injury, and to administer emergency care and to name to any consultation by a specialist, including a surgeon as deemed prudent for proper care ny injury. Every effort will be made to contact the Parent/Legal Guardian prior to any treatment.
 Sig	ature Date