



WAIVER OF LIABILITY AND INDEMNIFICATION

I am aware of the dangers involved in participating in **the Adopt-A-Road Program**. I am participating through _____

On behalf of myself, my executors, administrators, heirs, next of kin, successors, and assigns, I hereby:

- a. Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me and my estate, Marion County, and its officers, agents and employees; and
- b. Indemnify and hold harmless Marion County, and its officers, agents and employees from and against any and all liabilities and claims made by other individuals or entities as a result of any of my actions during this activity or event.

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned participant, acknowledge that I have read and understand the above Release. **I understand that if I am not 10 years of age or older I may NOT participate.**

Participant Name _____ Age _____
(If under age 18)

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Relation (if participant under age 18) _____

**If participant is under age 18 a parent or guardian must sign this form.
If participant is age 10 or 11 a parent or guardian must accompany them at all times.**