



PO Box 1111 Statesville, NC 28687-1111 704-878-3567

## **Adopt-A-Street Program Youth Participation Release Form**

As the parent/guardian of the minor child named below between the ages of twelve through seventeen, I hereby give permission for him/her to participate in one or more Adopt-A-Street roadside cleanups. By my signature I release the City of Statesville from any liability or responsibility for any injuries or damages he/she may cause or suffer as a result of participation in the Adopt-A-Street program. Each adult can supervise up to 6 children only and must stay in close vicinity of the group.

\_\_\_\_\_  
PRINT PARENT OR GUARDIAN NAME

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
PRINT NAME OF MINOR CHILD

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STREET LOCATION

### **OFFICE INFORMATION**

GROUP NAME: \_\_\_\_\_ ORG ID \_\_\_\_\_