STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY
GOVERNOR

LYNDO TIPPETT
SECRETARY

ADOPT-A-HIGHWAY 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-Highway** roadside cleanups. By my signature I release the Department of Transportation 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-Highway** program.

_____ _____
PARENT OR GUARDIAN SIGNATURE **PRINT NAME OF MINOR CHILD**

_____
ADDRESS

_____
CITY **STATE** **ZIP**

_____
TELEPHONE

_____
DATE

COUNTY: _____ **ADOPT-A-HIGHWAY**

AGREEMENT NO: _____ **GROUP NAME:** _____

MAILING ADDRESS:
NC DEPARTMENT OF TRANSPORTATION
OFFICE OF BEAUTIFICATION PROGRAMS
1540 MAIL SERVICE CENTER

Telephone: 919-715-3188
FAX: 919-715-2554
Website: www.dot.state.nc.us/~beautification

LOCATION:
TRANSPORTATION BUILDING
1 SOUTH WILMINGTON STREET
RALEIGH NC