

CROSS ROADS ADOPT-OUR-ROADS PROGRAM

Parent / Guardian Consent for Minor Form

arent / Gaaraian Gonocht for Willia	, r 61111
Name of Minor	
Address:	
City, State, Zip Code	
Adopt-OUR-Roads Volunteer Group	
Birth Date (mm/dd/yyyy)	/ /
Name of Parent/Guardian	
,	, am the Parent/Guardian of the above-named minor,
ind hereby agree to and declare under penalty	
ne above minor desires to perform volunteer	services with the above-named volunteer group.
OUR-Roads cleanup program with the named	nt permission for this minor to participate in the Adopt -volunteer group. The minor does not have any physical or it participation in the Adopt-OUR-Roads program.
ncluding but not limited to: (1) injuries sustain	minor's participation in the Adopt- a-Road cleanup programed while performing any activity under the program; (2) 3) injuries sustained from the collection of hazardous
Signature of Parent/Guardian:	
Print Name of Parent /	
Guardian:	
Date:	