



## ADOPTION PROGRAM: RELEASE FORM

**ALL PARTICIPANTS ARE REQUIRED TO SIGN THIS RELEASE. IF PARTICIPANT IS A MINOR, RESPONSIBLE ADULT MUST SIGN.**

In consideration of being permitted to participate in beautification activities conducted by Sarasota County, Florida through the Adoption Program, the undersigned, for himself/herself and personal representatives, heirs and successors, hereby releases, waives, discharges and covenants not to sue Sarasota County, Florida, its officers, employees, agents and sponsors, including any additional sponsors, from all liability to him/her for all loss or damage of whatever type and degree, and any claim therefore, on account of injury to the person or property or resulting in death, whether caused by negligence of Sarasota County, Florida or otherwise while the undersigned is in any manner participating in the Adoption program.

**GROUP/ORGANIZATION:** \_\_\_\_\_

**CLEANUP DATE:** \_\_\_\_\_ **LOCATION:**  County right-of-way     Lake/Pond     Spot     Campus

Contact Information (Please Print)	Signature
Name: _____ Address: _____ Phone: _____ Email: _____	
Name: _____ Address: _____ Phone: _____ Email: _____	
Name: _____ Address: _____ Phone: _____ Email: _____	
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