ARLINGTON COUNTY, VIRGINIA
"ADOPT-A-STOP" PROGRAM
GROUP RELEASE FORM

Date of Activity or Event: _____
Location/Adopted Stop: _____

Upon Completion please send the form to Jennifer Wagar via any one of the following ways:
MAIL TO: 2100 Clarendon Blvd. Suite 900 Arlington VA 22201
FAX TO: 703-228-0638
EMAIL TO: jwagar@arlingtonva.us

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT.

By participating in the Adopt-a-Stop Program, the undersigned, or where the undersigned is a minor, his or her parent or guardian, hereby agree as follows:

1. TO WAIVE any and all claims that I have or may in the future have against Arlington County (including its elected and appointed officials, agents and employees, hereafter known as "the County") resulting from my participation in the program.

2. TO RELEASE the County from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of participating in the Adopt-A-Stop program due to any cause whatsoever.

3. TO HOLD HARMLESS AND INDEMNIFY the County from any and all liability for any property damage or personal injury to any third party, resulting from my participation in the program.

4. This Release shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death.

THE UNDERSIGNED HAS/HAVE READ AND AGREES TO THE CONDITIONS STATED ABOVE AND HAS RECEIVED AND UNDERSTANDS THE CONDITIONS AND SAFETY TIPS:

PRINT NAME	SIGNATURE	DATE

Questions - call Jennifer Wagar at 703-228-0638