

ADOPT-A-ROAD

Partners with Multnomah County

Work Day Release Form

1/1

Date:	Location:		Group:		
By signat accident of also uncountry program, employee		nomah County from participating in Multings, and privileges of indemnify Multnom or injury arising out thin the public road	n any and all re nomah County' f participating ir lah County, its of or resulting right-of-way. f the participant' uired, check the	sponsibility for a s Adopt-A-Road in the Adopt-A-R officers, agents, in any way from a s Individual Par	any I Program. oad , and my rticipant participant's
	Please Print Full Name		ature	<u>Date</u>	
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Use additional forms if needed. Please file with the County no later than seven (7) days after the work activity.					
Group Coo Signature:	ordinator's 	_ Date:	Group #	Office use only	IRIS Road #