

Date: _____

Delaware Department of Transportation

Adopt-A-Bike Path • Adult Release



This form must be completed and returned with each activity report/clean-up being conducted as part of the AABP Program. Please submit online at DelDOT.gov, e-mail to dotpublic@delaware.gov or mail to Department of Transportation - Adopt-A-Bike Path Program - PO Box 778 Dover, DE 19903.

Organization:		
-	(name of group as it appears on t	he sign)
I, a member of the above reference prerequisite to participating in the	ced organization have received the AABP Program.	e roadside safety regulations as a
and their officers, agents and emportant and emportant and emportant and the same are same and the same are same and the same are sa	oloyees, from all claims, demands	ny participation in the Adopt-A-Bike
agents and employees from liabili	, , , , , , , , , , , , , , , , , , , ,	e Department of Transportation, ulting from any acts or failure to act near the bike path or highway right-
Name	Signature	Address