



Delaware Department of Transportation

Adopt-A-Bike Path Child Release Form



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 DeIDOT.gov, e-mail to dotpublic@delaware.gov or mail to Department of Transportation - Adopt-A-Bike Path Program - PO Box 778 Dover, DE 19903.

Date: _____

Organization: _____
(name of group as it appears on the sign)

I, a member of the _____ (group name), have received the roadside safety regulations as a prerequisite to participating in the AABP Program.

I do hereby release and discharge the State of Delaware, the Delaware Department of Transportation, and their officers, agents and employees, from all claims, demands and causes of action of every kind whatsoever for any damages and/or injuries that may result from my participation in the Adopt-A-Bike Path Program and other voluntary activities on or near the bike path or highway right-of-way.

I further agree to hold harmless the State of Delaware, the Delaware Department of Transportation, agents and employees from liability for any damages or injuries resulting from any acts or failure to act on my part during my participation in said voluntary activities on or near the bike path or highway right-of-way.

NOTE: A parent's permission is required for all participants under the age of 18. Children younger than 12 years old may not participate in the AABP Program.

Name of Child/Children: _____

Parent's Name: _____

Address: _____

Parent's Signature: _____