**Youth Individual Registration Form**

**(for participants age 12-17 years old)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print parent/guardian’s name), allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print participant’s name) to participate in the Gwinnett County Adopt-a-Road program. We have both read the program rules and regulations and agree to abide by the Sponsors’ guidelines. I agree to not hold the Sponsors responsible for any injuries that the aforementioned participant may suffer or damages that they may cause or suffer as a result of the Adopt-a-Road program.

**Name of Group: Peachtree Ridge High School Key Club**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(signature) (Date)**