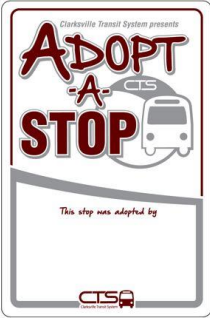


# CLARKSVILLE TRANSIT SYSTEM ADOPT-A-STOP



## Adopt-A-Stop Volunteer Release of Liability Statement

I do hereby release, hold harmless, and discharge the Clarksville Transit System (CTS), the government of Clarksville-Montgomery County, its officers, agents and employees from any and all liability for injury to my person, damage to my property, or death, whether or not such liability is based upon allegations of negligence while participating in Clarksville Transit System (CTS) Adopt-A- Stop program and/or other volunteer activities on or near the bus stop and or/bus shelter. I acknowledge the fact that working in the area of the roadway can be a hazardous activity, and that I accept the risks associated with this work.

I certify that I have reviewed and fully understand the Adopt-A-Stop Volunteer Safety Guidelines to participating in the Adopt-A- Stop program.

Volunteer Name (Please Print)

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Volunteer Signature:

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Date:

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Name of volunteering Organization/Business:

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