

## Blue Earth County Yellow Line Project Release of Liability - Alcohol/Drug Violation

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I, \_\_\_\_\_, understand  
that

\_\_\_\_\_ is believed to be under  
the influence or has (alcohol or drugs) in his/her system.

I accept responsibility for the above person and I understand I am responsible for  
the care and actions of this individual.

I also have been advised it is unlawful for this person to drive, operate, or be in  
physical control of a motor vehicle until such time this person is no longer under the  
influence.

I accept full responsibility for taking care of this individual, and I am able to  
provide the necessary care.

\_\_\_\_\_  
Yellow Line Project Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Parent/Guardian/Responsible Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time