



Please download form before beginning the application process.

Tahoe City Public Utility District
330 Fairway Drive, Tahoe City, CA 9615
(530) 583-3440, recreation@tcpud.org

RELEASE AND WAIVER OF LIABILITY AND AGREEMENT TO INDEMNIFY FROM CLAIMS OR EXPENSES

I, (participant and/or guardian of minor participant), for the full and adequate consideration of being allowed to participate myself or my minor child being permitted to participate in the recreation programs and the use of facilities and properties (both personal and real of the Tahoe City PUD and the Tahoe-Truckee Unified School District, on behalf of myself and on behalf of my heirs, executors, administrators, waive and release the Tahoe City PUD and the Tahoe-Truckee Unified School District and each of their Officers, Directors, agents and employees or independent contractors (the Released and Indemnifies Parties) from any and all claims, expenses, costs or liability of any nature or kind arising directly or indirectly from participation in the activities of the Released Parties or the condition or use of personal property or real property of the Released Parties.

I do expressly covenant and agree to refrain from bringing any action, proceeding or claim in any form against the Released Parties for damages, injuries or expenses related directly or indirectly to participation in the activities of the Released Parties or associated with those activities or the use of facilities and properties. I agree to indemnify and hold free and harmless the Released Parties from any claim or expense on any nature or kind arising from my or the minor child's participation in the programs or activities of the Released Parties, including any claims for attorney's fees, costs, expert witness fees, medical costs or any other claim or expense.

I certify by execution of this Agreement that I have the authority and capacity to enter into this Agreement. I agree that there are no implied representations, warranties or conditions to the enforcement of the obligations contained herein. I understand that the recreation program activities may have dangers and tasks of injury associated with them which can be avoided by not participating in the activities. Participation in such activities may result in injury including but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability. I will consult with my or my child's personal physicians before engaging in any activities that are part of the recreation and fitness activities. I agree that the participant may be photographed and the photographs may be used in the promotion of any program or activity by the Released Parties or any other party without notice or compensation. I certify that I have carefully balanced the risks and obligations undertaken by my signature herewith against the alternatives of not participating and voluntarily elect participation and to execute this Agreement.

In signing below, I certify that (1) I have read the Release and Waiver of Liability and Agreement to Indemnify from Claims and Expenses; and (2) I agree to fully perform the Release and Waiver of Liability and Agreement to Indemnify from Claims and Expenses.

MEDICAL TREATMENT AUTHORIZATION

I, the undersigned, as parent or legal guardian of above said child, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis, treatment of hospital care rendered to the minor under general or special supervision of any member of the medical staff or emergency room staff duly licensed under the provisions of the Medicine Practice Act, or a dentist duly licensed under the provisions of the Dental Practice Act. The undersigned hereby agrees to bear all costs incurred as a result of the foregoing. This authorization will remain in effect until revoked by undersigned.

Child's Name: _____

Date: _____

Parent's Name: _____

Signature: _____