



BOAT AND TRAILER STORAGE APPLICATION

SUMMER SEASON

please print legibly

MEMBER: _____ UNIT: _____ LOT: _____

TAHOE DONNER ADDRESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

TAHOE DONNER PHONE: _____ PRIMARY CELL PHONE: _____

VEHICLE DESCRIPTION: _____

YEAR: _____ LENGTH: _____ MAKE: _____ MODEL: _____

LICENSE NUMBER: _____ REGISTRATION NUMBER: _____

Note: Members must provide and maintain with Tahoe Donner Association a current certificate of insurance naming Tahoe Donner Association as certificate holder, showing the name and address of the insured with limits of liability of at least \$300,000 c.s.l. (combined single limit). Current and valid registration will also be verified.

\$275.00 payment must be made and all paperwork (application, certificate of insurance, and current valid registration) completed, before a space can be secured. Completed applications MUST be received by April 15 to be considered in the event of a lottery.

The boat and trailer storage area is provided solely for the convenience of our members. I acknowledge that, in using the boat and trailer storage area, I am not relinquishing possession of my property and no bailment is created. As partial consideration for my being permitted to use said area, I agree to **RELEASE, DISCHARGE, AND PROMISE NOT TO SUE** Tahoe Donner Association, its directors, officers, employees, and agents (collectively, the "Releasees"), for any loss, liability, damage, or cost whatsoever that I may incur or that my use may cause another including without limitation any such claimed to be the result of the negligence of Releasees; I further agree to **INDEMNIFY, DEFEND AND HOLD** the Releasees **HARMLESS** from and against any loss, liability, damage or cost they may incur arising out of, or in any way connected with my use of the boat and trailer storage area.

I acknowledge receipt of the current boat and trailer storage guidelines, and hereby agree to be bound by the terms stated on this form and in those guidelines, as well as any revisions to said guidelines that are communicated to me.

MEMBER SIGNATURE: _____ DATE: _____

INSURANCE _____ REGISTRATION _____ SPACE # _____

PAYMENT DATE _____ AMOUNT _____ CHECK _____ CC _____ CASH _____