

## TAHOE DONNER SUMMER ACTIVITIES REGISTRATION LIABILITY WAIVER AND RELEASE

PARTICIPANT'S LAST NAME

Participant's Name:	Prefered Name:		
D.O.BAge:			
Parent/Guardian:		Mobile Phone:	
Alternate Phone: Ema			
Member TD Address:			
☐ Guest Please provide the member name under v			
ADDITIONAL PERSONS WHO MAY	BE CALLED	IN AN EMERGE	NCY
Name:	Phone:	Relations	ship:
Name:	Phone:	Relations	ship:
OTHER REPONDE ALITHORIZED TO	TAKE CIIII	D EDOM DDOC	D A B #
OTHER PERSONS AUTHORIZED TO			KAIVI
Photo ID will be required for pick up if other than pare			
Name:			
Name:			•
All participants are to be picked up immediately at the			,
after the first 5 minutes. This will be strictly enforced.	Initial:	Date:	<del></del>
MEDICAL INFORMATION			
Allergies: Y N If yes, please specify allergen and	reaction:		
Do you have an Anaphylaxis or Asthma Action Plan? Y	N If yes, p	ease provide copy.	
Other medical information:			
Does your child have any activity restrictions? Y N_			
, , , ,			
Does your child need any special accomodations? Y_	N If yes, ple	ase explain:	
Special information you would like the instructor to kn		•	
	,		
Primary physician's name/address/phone:			
, , , , , , , , , , , , , , , , , , ,			
Medical Insurance Company(s):		Policy Number(	(s):
ATTENTION: If you, your child and/or other authorized persons to		•	
exposed to Corona Virus (COVID-19) or any other communicable of other authorized persons to bring/pickup your child are not feeling	disease, please self-qu	arantine for the recommended	l timeframe. If you, your child and/or
	•		
FOR AQUATICS ONLY: PLEASE HELP US ASSESS	_	_	•
□ PUTS FACE IN WATER □ BLOWS BUBBLES □ SWIMS FREESTYLE □ SWIMS BACKSTROKE	KNOWS HOW TO K	ICK HAS SWIM TEAIS THE POOL ON THEIR OWN	M EXPERIENCE  DOES 'BIG ARMS'
	SWING ACKOS	THE FOCE ON THEIR OWN	DOLS DIGARNIS
PHOTO I consent to the use by Tahoe Do			
print of digital, for commercial,		e, of my	
RELEASE I decline.		Initial:	Date:

## MEDICAL RELEASE AND PERMISSION TO TREAT A MINOR I, the undersigned parent or legal guardian of participant minor child \_ (name), hereby authorize and give consent to Tahoe Donner, in the event of a medical emergency relative to the minor, to provide any and all emergency first aid treatment and/or refer treatment to a duly licensed physician, dentist or other medical care provider to the minor . This care may be given in any way deemed advisable or necessary to preserve the life, limb or well-being of the minor. It is understood that reasonable efforts shall be made to contact the undersigned prior to rendering treatment to the minor, but that first aid or medical care will not be withheld if the undersigned cannot be reached. The undersigned agrees to pay all costs associated with such treatment and any related transportation for the minor. Furthermore, the undersigned agrees to INDEMNIFY and HOLD HARMLESS Tahoe Donner for any costs incurred therein. This authorization and consent shall remain effective through December 31, 2021. SIGNATURE of parent or legal quardian: Date: \_ PRINTED name of parent or legal guardian: \_\_\_ Date: \_\_ TAHOE DONNER ASSOCIATION SUMMER ACTIVITIES RELEASE OF LIABILITY AND INDEMNITY AGREEMENT READ CAREFULLY BEFORE SIGNING - THIS LIMITS TAHOE DONNER ASSOCIATION'S LIABILITY AND YOUR LEGAL RIGHTS If I am provided with or renting equipment in con-I or my child (collectively, "I," " me," or "my") volunother unpredictable risks of injury of all kinds, as tarily choose to participate in sports and recreationwell as risks of death due to the physical demands, al activities offered by Tahoe Donner (as defined beregardless of the participant's Physical Capacity. "as is" and accept full responsibility for the care of low), including but not limited to, day and overnight Despite the risks involved, and in consideration of camps, hiking, rock climbing, golf, tennis, swimming that I am responsible for the full replacement value the right to participate in the Activities and Use the and diving activities, swim lessons, WibitTM, horse-Facilities, I AGREE TO EXPRESSLY ASSUME ALL back riding, use of the equestrian center, tennis to pay for any damage to the equipment that ex-RISKS OF INJURY, ILLNESS AND/OR DEATH that courts, marina, trails, bodies of water, playgrounds, ceeds normal wear and tear. might be associated with my or my child's participagolf course, driving range, archery, mountain biking, tion in the Activities and Use of the Facilities. I WARRANT AND REPRESENT that I and my child instruction in recreational activities, and all other have adequate Physical Capacity to participate in recreational activities on the property of Tahoe Don-As consideration for being permitted to participate the Activities and Use of the Facilities. I ACCEPT ner (collectively, the "Activities"). I understand that in the Activities and to use the Facilities, I AGREE TO RELEASE FROM ANY LEGAL LIABILITY AND my participation in the Activities poses inherent and by me or my child in connection with the Activities other risks of INJURY, ILLNESS and/or DEATH to **AGREE NEVER TO SUE** Tahoe Donner Association or Use of the Facilities. me and/or my child, including those associated with and each of their partners and affiliates, owners, **COVID-19 and COMMUNICABLE DISEASES** participation in the Activities or use of the facilities at investors, officers, directors, managing agents, em-. Tahoe Donner, which include, but are not limited to, ployees, agents, contractors, landowners and all af-(hereinafter, "Disease"): Participation in the Activity transportation, instruction, and participating in the filiated persons and companies (collectively herein, contains the risk of exposure to Disease, which Activities on and off of the Tahoe Donner Premises "Tahoe Donner") for injury, illness or death resulting and on private and public lands (collectively, "Use of from my participation or my child's participation despite the preventative measures put in place by the Facilities"). in the Activities or Use of the Facilities, regardless Tahoe Donner Association. I AGREE that reducing of the cause, to the fullest extent allowed by law, the risk of exposure to Disease is a responsibil-The risks in the Activities and Use of the Facilities are including the alleged **NEGLIGENCE** of Tahoe Donity to be shared by guests/participants, including too numerous to list, but they include steep, slipner. I ALSO AGREE TO DEFEND AND INDEMNIFY myself, and Tahoe Donner Association. I AGREE pery, and uneven roads and trails containing rocks, Tahoe Donner for any and all claims brought by a to read and follow all posted warnings, signs, and trees, ledges, sand, mud, grass, water bars, erosion third party which arise from my participation or my guidelines at Tahoe Donner Association related to control devices, bumps, ruts, stumps, and brush (all child's participation in the Activities or Use of the of which can be hidden or obscured by snow or tives which may be in place. I AGREE that should I Facilities. vegetation) and potential exposure to communiexperience any symptoms of Disease (for example, I UNDERSTAND THIS IS A RELEASE OF LIABILcable diseases. The Activities are subject to hazards fever, cough, shortness of breath, dizziness, loss of and dangers of all kinds, including, by way of ITY THAT IS VALID FOREVER, which includes all sense of taste and/or smell), or otherwise feel ill, example only, exposure to weather and climate conoccasions on which I or my child participate in the I will refrain from coming to Tahoe Donner Asditions (including sudden changes and extremes Activities or Use of the Facilities of Tahoe Donner. sociation. I FURTHER AGREE to practice physical of heat and cold), rugged terrain and ground I UNDERSTAND that this release of liability will distancing of at least six (6) feet from other guests/ conditions, becoming lost, hazards associated with prevent me, my child, and my heirs or representaparticipants, including while in lessons and lines, to water (including drowning, striking submerged tives from filing suit or making any claim for damobjects, flooding, and rapids), hazards associated ages in the event of injury or death arising from my with horseback riding (including but not limited to participation in the Activities or Use of the Facilities. ing while in lift lines and riding lifts, and to wash/ being stepped on by a horse, horses' unpredictable . Additionally, in the event I, or my child or my heir or behavior and sudden movements such as spooklegal representative, files a claim or a lawsuit arising Association. ing or bucking), exposure to and/or interaction with out of participation in the Activities or the Use of the I FREELY AND VOLUNTARILY assume any/all risks other participants, animals, reptiles, insects, bees/ Facilities, I AGREE TO DEFEND, INDEMNIFY AND wasps and ground surface and other terrain and **HOLD HARMLESS** Tahoe Donner for any claims, topographical variations and conditions. In addition,

lawsuits, damages, attorney fees, costs, or judgments arising out of such a claim or for a lawsuit arising out of my and/or my child's participation in

**NEVERTHELESS ENTER INTO THIS AGREEMENT** FREELY AND VOLUNTARILY AND AGREE that it is binding upon me, my child, our heirs, assigns and legal representatives, and any other person acting on my or our behalf.

the Activities or Use of, or presence at, the Facili-

ties. With a full understanding of this agreement, I

participants may encounter hazards and dangers that are the result of human error or from manmade

goods, saddles, bridles, clothing and otherwise,

structures, equipment, vehicles and other materials,

including risks of malfunction, misuse, or other fail-

ure. Participation in the Activities requires physical

speed, ability to react, mental capacity, talent and

ability ("Physical Capacity") and, because of such

physical demands, necessarily carries inherent and

fitness, coordination, balance, strength, endurance,

nection with the Activities, I ACCEPT the equipment the equipment while it is in my possession. I AGREE of any equipment not timely returned, and I AGREE

**RESPONSIBLITY** for any medical expenses incurred

cannot be eliminated by Tahoe Donner Association Disease and to abide by any/all governmental direcwear a face covering over my mouth and nose when in the proximity of other quests/participants, includsanitize my hands frequently while at Tahoe Donner

associated with my participation in the Activity, including the risk of exposure to Disease, even if arising from the alleged **NEGLIGENCE** of **TAHOE** DONNER ASSOCIATION.

I UNDERSTAND AND AGREE that this agreement is severable and that if any clause is found to invalid, the balance of the contract will remain in effect, valid, and enforceable. I agree that any action will be subject to and determined under the laws of the State of California, and that any action must be brought in the Superior Court of California, County of Nevada.

## THIS IS A RELEASE OF LIABILITY - DO NOT SIGN IT UNLESS YOU AGREE TO BE BOUND BY ALL OF ITS TERMS

SIGNATURE of participant	Dateagreement on behalf of the minor.
PRINTED name of parent/legal guardian	Relation
SIGNATURE of parent/legal guardian	Date