

Signature of Parent/Guardian

Tahoe City Winter Sports Park 2023/2024 Terms of Use, Photo/Media Release and Waiver, Release and Indemnity Agreement

Name	Phone/Cell		
Mailing Address	City	State	Zip Code
Email		Date	
READ CAREFULLY BEFORE SIGNING – THIS LIMITS TCPUD	D'S LIABILITY AND YOUR LEGAL RI	GHTS	
TERMS OF USE: TAHOE CITY PUBLIC UTILITY DISTRICT ("T TCPUD shall have the right to suspend or terminate the pr property, including, but not limited to the TCWSP, (collect deemed by TCPUD to be likely to endanger the welfare, so therwise improper or illegal. TCPUD shall be the sole judy violating TCPUD rules, including rules regarding dogs; (ii) TCPUD; (iii) failing to pay amounts owed to TCPUD in a time TCPUD. TCPUD shall not be responsible for loss of or dam TCPUD's rules, the season pass agreement, day use rules,	rivileges of any person, including a ctively "TCWSP") if the person or t safety, harmony, or good name of dge of what constitutes improper damaging, destroying, or stealing mely manner; and (iv) abusing, throage to any personal property use	ny pass holder, without re he person's guest engage: the TCPUD or TCWSP or it conduct, but improper co property of TCPUD or of g reatening, or harassing gu d or stored at TCWSP. I ha	efund, to use the TCPUE is in conduct that is its guests or that is induct shall include (i) guests or employees of ests or employees of
PHOTO/MEDIA RELEASE I give permission to TCPUD to use photographs, videos, a compensation of any kind, at any time without further ap limited to, its website, brochures, newsletters, emails,	ind/or other digital media of me a oproval, in any format and in any a	nd/or my minor child/war	
WAIVER, RELEASE and INDEMNITY AGREEMENT I, the undersigned, for myself and/or as parent/guardian damage or loss when using TCWSP and TCPUD services as snowbiking, cross country skiing and snowshoeing. I understand and agree that this Agreement is severable effect, valid, and enforceable. I agree that any action in labe subject to and determined under the laws of Californi	nd engaging in activities, including and that if any clause is found to aw or equity will be brought exclu	g, but not limited to, ice sk	sating, sledding, the release will remain i
I understand and agree that this Agreement is valid for an read, understand, and further agree that no oral represe With a full understanding of this Agreement, I enter into child/ward, heirs, assigns, and legal representative	ny claims arising out of or related t intations, statements, or inducem	ents apart from the Agree	ment have been made.
Print Name	Signature of Parent of	or Guardian	Date of Birth
MEDICAL RELEA undersigned parent or legal guardian of the participant minor of dical emergency relative to my child/ward, to provide any and a or other medical care provider to my child/ward. This care ma ward. It is understood that reasonable efforts shall be made to	Ill emergency first aid treatment and/o ay be given in any way deemed advisa	e consent to Tahoe City Publi or refer treatment to a duly I able or necessary to preserve	icensed physician (MD), de e life, limb, or well-being c

Print Name

Date