

**DONNER LAKE PROPERTY OWNERS ASSOCIATION
(DLPOA)**

WAIVER OF LIABILITY
FOR BOATS AND TRAILERS

As a member in good standing in DLPOA, I wish to apply for a non-refundable purchase of boat tag(s) and/or boat trailer tag(s) which constitute a license, revocable by DLPOA, for access to the association beach and beach property by such boats and/or trailers.

I understand and agree that in purchasing such boat and trailer tags I hold harmless and agree to indemnify the Association, its officers, directors, employees, and such other agents designated by them (all hereinafter referred to as Association and Agents), from any and all liability or responsibility for damage to or caused by such boats and trailers, including injuries to myself and/or to any other persons, or damage to other boats or trailers incidental to the use of or presence of these boat(s) or boat trailer(s) on or proximate to association property. I specifically grant permission to Association and Agents to physically move and relocate such boats and/or trailers within association property as may be deemed necessary or appropriate and to hold Association and Agents harmless for any damage to property or injury to persons caused by such conduct so long as Association and Agents exercised reasonable care in such conduct. I also acknowledge and affirm that the state registered boat(s) are insured by a policy equal or greater than the minimum amount required under California law for motor vehicles, specifically \$15,000 for injury/death to one person, \$30,000 for injury/death to more than one person, and \$5,000 for damage to property. (See California Insurance Code §11580.1b)

I also acknowledge that this license for access may be suspended or revoked at any time by DLPOA should the boat be operated in an unsafe or inappropriate manner on Donner Lake, or be stored or moored in an inappropriate place or manner on DLPOA property,

This Waiver of Liability is valid for one (1) year from the date signed.

_____ Member signature

_____ Member name, printed

_____ Date _____ Membership Number