



2026 Volunteer Waiver of Liability

Keep Tahoe Blue

2877 Lake Tahoe Blvd, South Lake Tahoe, CA 96150

530.541.5388

Thank you for volunteering with Keep Tahoe Blue. We greatly appreciate your assistance and commitment to Keep Tahoe Blue. Our insurance policy requires that we have accurate records of all volunteers.

PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS. YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ, UNDERSTAND, AND ACCEPT THESE TERMS.

Staff from Keep Tahoe Blue may not be present at all volunteer events. It is the responsibility of each volunteer to exercise safety precautions and participate in Keep Tahoe Blue activities at your own risk.

This Release and Waiver of Liability (the "Release") applies to all persons providing volunteer service for Keep Tahoe Blue ("Volunteers"). This Release must be signed by all adult Volunteers (18 years of age and older) and by a parent or legal (court appointed) guardian (the "Parent") of any Volunteer who is a minor under 18 years of age.

In consideration of being allowed to participate in any and all volunteer activities for the Keep Tahoe Blue, I, an adult Volunteer or Parent of a Volunteer who is a minor (for myself and on behalf of the minor), hereby freely, voluntarily, and without duress execute this Release under the following terms:

I AGREE TO HOLD HARMLESS, INDEMNIFY AND DEFEND Keep Tahoe Blue against all claims, causes of action, damages, judgments, cost and/or expense, including attorney's fees and other costs, which may in any way arise from my participation in the Activity or my use of, or presence at, any property or facility used by Keep Tahoe Blue. I FURTHER REPRESENT AND WARRANT that I am not currently experiencing symptoms of a Coronavirus or other communicable disease, including, but not limited to COVID-19, e.g. fever, shortness of breath, cough, etc., that I am not suspected of having COVID-19 or any other communicable disease, and that I have not been recently diagnosed with COVID-19 or any other communicable disease, and that to my knowledge I am not likely to infect any one by my participation in the Activity.

1. **ACTIVITIES.** As a Volunteer or Parent of a minor Volunteer, I acknowledge that I, and/or my child(ren) or legal ward(s) will be involved in, or exposed to, activities that may involve significant risk. I understand that these activities may include, but are not limited to: picking up trash and waste on beaches; participating in habitat restoration efforts; monitoring water quality; surveying field sites; working on beaches, in forests, and in neighborhoods; using tools and equipment; transportation to and from field sites; participating in special events; and working at Keep Tahoe Blue offices (the "Activities"). I further understand that I, and/or my child(ren) or legal ward(s) will not be paid for the Activities or for any volunteer service and that participation in the Activities may be terminated at any time by Keep Tahoe Blue.
2. **ASSUMPTION OF RISK.** I, ON MY OWN BEHALF OR ON BEHALF OF MY MINOR CHILD(REN) OR WARD(S), HEREBY EXPRESSLY AND SPECIFICALLY ASSUME THE RISK OF INJURY OR HARM FROM PARTICIPATING IN THE ACTIVITIES AND ALL VOLUNTEER SERVICE WITH KEEP TAHOE BLUE. I UNDERSTAND AND ACKNOWLEDGE THAT VOLUNTEERING FOR KEEP TAHOE BLUE AND/OR PARTICIPATING IN THE ACTIVITIES MAY INCLUDE WORK THAT IS HAZARDOUS AND THAT VOLUNTEERS CAN SUFFER PROPERTY LOSS OR DAMAGE, SERIOUS INJURY, OR DEATH. I UNDERSTAND AND ACKNOWLEDGE THAT I AM RESPONSIBLE FOR FOLLOWING KEEP TAHOE BLUE RULES AND THE INSTRUCTIONS OF KEEP TAHOE BLUE STAFF. IF THE VOLUNTEER IS A MINOR, I CERTIFY THAT I HAVE DESCRIBED THESE RISKS TO THE MINOR, THEY UNDERSTAND THESE RISKS, AND THEY WISH TO PARTICIPATE NONETHELESS.
3. **RELEASE AND WAIVER.** I, ON MY OWN BEHALF OR ON BEHALF OF MY MINOR CHILD(REN) OR WARD(S), RELEASE AND FOREVER DISCHARGE AND HOLD HARMLESS KEEP TAHOE BLUE, ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, SUCCESSORS, AND ASSIGNS (COLLECTIVELY, THE "KEEP TAHOE BLUE PARTIES") FROM ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE, EITHER IN LAW OR IN EQUITY, WHICH ARISE OR MAY HEREAFTER ARISE FROM PARTICIPATING IN THE ACTIVITIES OR VOLUNTEERING IN ANY CAPACITY FOR KEEP TAHOE BLUE. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I WAIVE MY RIGHT, OR THAT OF MY CHILD(REN) OR WARD(S), TO BRING A COURT OR OTHER ACTION TO RECOVER COMPENSATION OR OBTAIN ANY OTHER REMEDY FOR ANY INJURY TO MYSELF, MY CHILD(REN) OR WARD(S), OR MY PROPERTY OR FOR MY DEATH OR THAT OF MY CHILD(REN) OR WARD(S), HOWEVER CAUSED, ARISING OUT OF MY OR MY CHILD(REN) OR WARD(S)'S PARTICIPATION IN VOLUNTEER ACTIVITIES FOR KEEP TAHOE BLUE. THIS RELEASE DISCHARGES KEEP TAHOE BLUE PARTIES FROM ANY LIABILITY OR CLAIM THAT I MAY HAVE AGAINST KEEP TAHOE BLUE WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE THAT MAY RESULT FROM MY OR MY MINOR CHILD(REN) OR WARD(S)'S ACTIVITIES WITH KEEP TAHOE BLUE, WHETHER CAUSED BY THE NEGLIGENCE OF KEEP TAHOE BLUE OR ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS OR OTHERWISE. I FURTHER UNDERSTAND THAT KEEP TAHOE BLUE DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO WORKERS COMPENSATION BENEFITS, OR ANY MEDICAL, HEALTH OR DISABILITY INSURANCE IN THE EVENT OF INJURY OR ILLNESS.
4. **MEDICAL TREATMENT.** I, on my own behalf or on behalf of my minor child(ren) or ward(s), do hereby release and forever discharge Keep Tahoe Blue from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer's Activities with Keep Tahoe Blue.
5. **INSURANCE.** I certify that I have adequate insurance to cover any injury or damage I or my minor child(ren) or ward(s) may suffer or cause to others while participating in any activities and I agree to bear the costs of such injuries or damage. I understand and acknowledge that, except as otherwise agreed to by Keep Tahoe Blue in writing, Keep Tahoe Blue does not carry or maintain health, medical or disability insurance coverage for any Volunteer, and that each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.
6. **PHOTOGRAPHIC RELEASE.** I, as an adult Volunteer, or as the Parent of a minor Volunteer, hereby grant and convey unto Keep Tahoe Blue all rights, title, and interest in any and all photographic images and video or audio recordings made by Keep Tahoe Blue during my or my child(ren)'s or minor ward(s)'s activity with Keep Tahoe Blue, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
7. **VENUE.** I agree to the sole and exclusive venue of the County of El Dorado, California. I further agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California, and that the substantive law of California shall apply without regard to any conflict of law rules. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

Over



- If you are over 18, with no minors participating, complete SECTION A.
- If you are over 18 and participating with minors, complete SECTION A and B.
- If you are under 18, complete SECTION A and have a parent/guardian sign off.
- **Highlighted fields are mandatory.**

SECTION A

Date of Birth

 / /

Volunteer First Name

Volunteer Last Name

Business/Organization

Many companies offer a matching gifts program - yours might too. Please fill in the name of your company/employer above to maximize your support for Keep Tahoe Blue.

Mailing Address

(not physical address)

City

State

Zip

Phone

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(parent/guardian if you are under 18)

Check here if you do not want to receive mail to your mailbox

Email

(If you are under 18 and do not have an email, use parent/guardian email.) By providing my email address, you are agreeing to receive exclusive information on Keep Tahoe Blue events and latest Tahoe News.

Participant Signature

Date

 / /

Emergency Contact:

First Name

Last Name

Phone

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I agree that this liability waiver applies to volunteer work for 2026, beginning with the date of signature and ending on December 31, 2026 or upon my written notice to Keep Tahoe Blue, stating you withdraw your waiver. Notice may be sent to events@keeptahoeblue.org.

SECTION B

Parent/guardian please provide information for minors living in the same household:

1. Vol. First & Last Name

DOB

 / /

Minor Email

(If minor has email that you want to provide)

2. Vol. First & Last Name

DOB

 / /

Minor Email

(If minor has email that you want to provide)

3. Vol. First & Last Name

DOB

 / /

Minor Email

(If minor has email that you want to provide)

4. Vol. First & Last Name

DOB

 / /

Minor Email

(If minor has email that you want to provide)

5. Vol. First & Last Name

DOB

 / /

Minor Email

(If minor has email that you want to provide)

Parent/Guardian are you participating today? Yes No

Parent/Guardian Signature

Date

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