

SIERRA SPRINGS FIREWOOD COLLECTING POLICY AND PERMIT

The purpose of this document is to allow members to collect "down and dead" wood on association property and to establish guidelines for that purpose. This policy is also made to help those in need in our association get wood for heating.

Members may collect firewood for personal use that is "down and dead" within the common areas of the association on a first come first serve basis to a maximum of 1 cord per year with the understanding that 10% of the collected and split wood is to be returned to the Association to be distributed by the Association free of charge to members in our Association that are in need through emergency, infirmity or financial distress. Wood collecting privileges will immediately be revoked if wood is collected without a permit or in excess of the allotted amount. A responsible adult must be present if minors are collecting wood.

Members who wish to collect wood are required to contact the association office and register their intention to collect wood, by completing this **FIREWOOD COLLECTION FORM** and the "**RELEASE AND WAIVER OF LIABILITY AGREEMENT**".

FIREWOOD COLLECTION FORM

Name: _____

Address: _____

Lot# _____

Phone #: _____

Where is the location of the wood that you wish to collect?

Signed: _____ Date: _____

SSOA Office Stamp or Signature: _____ Date: _____

Note: This permit must be signed by an authorized representative of the Sierra Springs Owners Association in order to be valid. Permits are valid for 90 days from the SSOA authorization date above.

You must have this form recorded at the Association Office prior to collecting wood and you must have it present while collecting wood, each person that is going to collect wood must sign the "**RELEASE AND WAIVER OF LIABILITY AGREEMENT**" prior to firewood collection.

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, ("Participant"), acknowledge that I have voluntarily applied to participate in the following activities at Sierra Springs Owners Association:

Firewood Collection

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: _____

Parent or Guardian's initials (if under 18): _____

As consideration for being permitted by the SIERRA SPRINGS OWNERS ASSOCIATION ("SSOA"), I forever release the SSOA, any SSOA affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE SSOA AND I SIGN IT OF MY OWN FREE WILL.

If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Executed at Pollock Pines, California on this date: _____

PARTICIPANT AND PARENT OR GUARDIAN IF UNDER 18

Signature _____

Signature _____

Address: _____ Address: _____
