

COUNTY OF LOS ANGELES DEPARTMENT OF BEACHES AND HARBORS



BEACH WHEELCHAIR Liability Release Form

The undersigned parties must adhere to the following requirements of good conduct for safe operation of this unit:

INDEMNIFICATION: Beach Wheelchair User and Attendant agree to indemnify, defend, and hold harmless County and its Special Districts, elected and appointed officers, employees, and agents (County) from and against any and all liability and expenses, including defense cost and legal fees, relating to User and Attendant's operations or services, which result from bodily injury, death, personal injury, or property damage (including damage to User and/or Attendant's property). User and Attendant shall not be obligated to indemnify for liability and expense arising from the active negligence of the County.

- Beach Wheelchair User is required to have an Attendant present at all times while in use.
- NO WATER ACTIVITY. This wheelchair is not to be pushed into the ocean. <u>It is not a flotation device.</u>
- Do not leave wheelchair or its occupant unattended.
- Wheelchair safety belt must be worn at all times.
- No running while pushing the wheelchair, regardless if occupied or not.
- Always lock front wheels in place whenever wheelchair is stationary.
- No modifications are to be made to the wheelchair.
- User & Attendant's personal property will be stored at their own risk; County assumes no liability for care.

I have read and fully understand this liability release form and agree to its terms and conditions. I have inspected the unit and find it to be in good working order. I agree to indemnify and hold harmless the County of Los Angeles from any and all liability that may arise from the use of the beach wheelchair.

| Wheelchair User's Name/Zip Code _ | |
|-----------------------------------|----------------------------|
| | please print name zip code |
| Signed | Date |
| wheelcha | ir user |
| Attendant's Name/Zip Code | |
| • | please print name zip code |
| Signed | Date |
| Signedattendant | |
| How did you hear about the bea | ach wheelchairs? |
| | |
| | 5 0 |
| | For County Use Only |
| ifeguard or Staff Person | Beach |
| Time chair checked out | Time chair checked in |