



Triangle Area Polo Summer Camp Registration Form 2016

All forms and moneys must be received prior to student riding.

Player Name: _____

Prior Riding Experience: _____

Age: _____ Birthday: _____ T-Shirt Size: _____

Parent or responsible party: _____

Permanent Address: _____

Phone Number(s): _____

Email Address(s): _____

I have read and understand the liability release:

Parent/Guardian Signature _____ Date: _____

CODE OF CONDUCT

- I agree to treat my coaches, teammates, competitors, umpires and horses with respect and honesty.
- I agree not to use foul or abusive language.
- I agree to come to my coach if I have any problems to try to find a solution.
- I understand that by participating in summer camp, that I am committing to improve my skills and have fun with my fellow polo players.
- I will conduct myself in a way that best represents good sportsmanship both on and off the field.
- My parents/guardians and I realize that breaking any portion of this agreement could result in probation, suspension or expulsion from summer camp.

Participant (Junior Player) Signature

Date

Participant (Junior Player) Printed Name

Parent Guardian Signature

CONSENT TO TREAT

In the event of a medical emergency, authorize Triangle Area Polo Club, David Brooks and/or any of their representatives to obtain emergency treatment for minor, _____,

Sign _____
parent or legal guardian

Date _____ Print Name: _____

The following persons to be contacted in an emergency

| Name | Address | City | State |
|-------------|---------|------|-------|
| Phone _____ | | | |

Or

| Name | Address | City | State |
|-------------|---------|------|-------|
| Phone _____ | | | |

Medical Information:

Allergies and/or medical conditions: _____

Medications: _____

Insurance: _____

ID or Contract # _____

Hospital to use: _____ Phone: _____

Doctor to Call: _____ Phone: _____

Triangle Area Polo Club

Medical Waiver & Treatment Form

In consideration of my child's participation in a Triangle Area Polo Club (TAPC) activity, and the inherent risks of equine activity that may result in injury/harm requiring emergency medical treatment, I authorize the TAPC, its successors or assigns, officials, officers, directors, employees, agents and/or volunteers to obtain and release to any TAPC activity personnel; (including, but not limited to, organizers, instructors, coaches, managers, chaperons), and to any first aid and safety personnel, medical professionals, and treating medical facility, any information regarding my child's medical history, symptoms, treatment, exam results and/or diagnosis.

I have read this release and agree to it.

Participant Name

Participant Signature

Parent or Legal Guardian Name

Parent or Legal Guardian Signature

ORANGE COUNTY POLOCROSSE CLUB
TRIANGLE AREA POLO CLUB
AGREEMENT, RELEASE OF LIABILITY, ACKNOWLEDGEMENT & ASSUMPTION OF RISK

Under North Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.

PARTICIPANT AGREEMENT

I, _____, the undersigned, for myself or on behalf of my child or as legal guardian of the person named below, do voluntarily request to participate in Equine Activities sponsored by Orange County Polocrosse Club (hereinafter referred to as "OCPC") and/or Triangle Area Polo Club (hereinafter referred to as "TAPC"). For the purposes of this contract, the term "participant" includes the person actually participating in the Equine Activities and any spectator who places herself in immediate proximity to the equine activity.

ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS

I acknowledge, understand, and voluntarily assume the inherent risks of Equine Activities. I understand that riding horses, being around horses, and equine activities in general are inherently dangerous activities and I am voluntarily participating in such activities, and being around such activities, with full knowledge of the dangers involved. Horses are powerful, easily frightened, unpredictable animals. All horses, even those that are well-trained and appear gentle, may buck, rear, stop short, change direction or speed at will, shy, spook, kick, strike, bite, and bolt—all without warning and without apparent cause or in response to wind, sounds, movement of people, cars, bikes, or other animals, or inanimate objects. The inherent risks include loss of control, falling or being thrown off, being stepped on, kicked, trampled, collisions with fences, gates, trees, horses, or other obstacles, or being hung up or entangled in stirrups, reins, or other gear, and trailering accidents. Tack may break. Cinches may come loose. I may encounter dangers due to terrain, creeks, rivers, water, waves, weather, thunder, lightning, rocks, cliffs, obstacles man-made and natural, traffic, bees and insects, wild and domestic animals, as well as allergic reactions to dust, insects, animals or vegetation. I understand that **SERIOUS, PERMANENT BODILY INJURY, DISABILITY OR DEATH OF MYSELF OR OTHERS MAY RESULT** from handling, riding or being in the vicinity of horses, and that property belonging to me or others may be damaged as well.

RELEASE FROM LIABILITY AND WAIVER OF RIGHT TO SUE

The undersigned agrees that OCPC, TAPC, its owners, directors, agents, and employees (whether paid or volunteers) shall not be liable for an injury to or the death of a Participant resulting from the inherent risks of the Equine Activities sponsored by the OCPC &/or TAPC. The undersigned further agrees that the Participant or Participant's representative shall not maintain an action against or recover from the OCPC, TAPC, its owners, directors, agents, and employees (whether paid or volunteers) engaged in Equine Activities for injury, loss, damage, or death of the Participant resulting exclusively from any of the inherent risks of equine activities. The agreements, releases, and waivers set forth in the preceding paragraphs shall also apply to and protect the lessors of the real property to the OCPC &/or TAPC including Crooked Creek Farm LLC and David Brooks and Leslie Brooks.

SIGNATURES

The undersigned has read and fully understands the aforementioned disclosures, agreements, and release. In consideration of the participating in Equine Activities by OCPC &/or TAPC the undersigned hereby agrees to the terms contained herein.

Date: _____

Participant (Print): _____ Parent or Legal Guardian (Print): _____

Participant's Signature: _____ Parent or Legal Guardian's Signature: _____