

Brandywine Polo Academy (BPA) Brandywine Polo Club (BPC) Agreement for Release and Waiver of Liability

I request permission to participate in polo with BPA, Inc. at BPC.

I fully understand that polo is a very dangerous activity. I wish to participate in this activity knowing that it is dangerous. I accept and assume all the risks of injury (including death) to me or my property.

In exchange for being permitted to participate in this activity, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against BPA, Inc. or BPC its managers, officers, directors, members, employees, or guests or any landowners, landholders or other persons making property available to BPA, Inc. or BPC for any injury (including death) to me or any damage to my property whether from anyone's negligence or not, or any other cause, arising out of my participation in these dangerous horseback riding, polo or related activities: and I also agree if anyone makes claims because of any injury to me or for any damages to my property, I will keep all those released by this agreement free of any damages or costs because of those claims. Where applicable I may be signing on behalf of a child under the age of 18 years as parent and natural guardian.

It is understood that this Release and Waiver shall continue in effect unless revoked by me in writing, and the revocation presented to either the President, Secretary, or the Club Treasurer.

I further certify that I have my own accidental and medical insurance coverage.

Signature of Player

Date

Please Print Name of Player

Telephone

Please Print Address

City

State

Zip code

USPA MEMBER NO.#

BIRTHDATE (PRINT)

AGE

PRINT Name of Parent or Guardian

Signature of Parent or Guardian

Parent's Phone

Cell #

E-Mail address

FAMILY PHYSICIAN (Print)

PHYSICIAN'S PHONE

EMERGENCY PHONE NO. CONTACT

INSURANCE CO. (Print)

POLICY NUMBER

PREFERRED HOSPITAL