

LACEY GREEN POLO CLUB

Application Form 2010

Title	Surname		
Forenames		DOB	
Address			
Phone		Email	
Handicap	Umpire Grade		Polo Experience
Riding Experience			

DISCLAIMER

I recognise that polo is an aggressive, physical sport which, by its nature, involves a high risk of injury and damage to persons, animals and property, not only to the persons who are engaged in playing polo but also to bystanders and their personal property. I also realise that the Lacey Green Polo Club cannot control the actions of members of other persons playing polo or otherwise on the Club's premises, nor the actions of the animals, and that the Club cannot and does not guarantee the safety of members or other persons or their animals or property while on the Club's property or while using the Club's facilities. I accept full responsibility for our own safety, the safety of members of my family, guests, employees or other persons from time to time using the Club's facilities as my invitees, and the safety of all their property (including horses and other animals). I shall hold harmless and fully indemnify the Lacey Green Polo Club, The Hurlingham Polo Association, its owners, the horses owners, agents, employees, professional players and their instructors from and against any and all claims, actions, causes of action, liabilities, suits, expenses in respect of all my acts and of my invitees or their respective animals.

PUBLIC DOMAIN PERMISSION

I hereby authorise photographs taken of me, my family and guests throughout the polo season to be published in the local and national press and/or on the internet for information or publicity purposes. I understand that LGPC will select photographs for publication with care and respect for those shown. Independent Press photographers are excluded.

Signed:

Date:

If under 16: As the parent/guardian, I understand and accept the Terms and Conditions on behalf of the above, and consent to the above being subject to drug testing in accordance with the Regulations as set out in the Year Book of the HPA.

Guardian Signature: _____ Name _____ Date: _____