



# Charlie Horse Spring Classic Polocrosse Tournament

*Saturday, March 17<sup>th</sup>-Sunday March 18<sup>th</sup>*

## Florida Horse Park

*11008 South Highway 475  
Ocala, Florida, 34480*

*Closing Date: Saturday, March 1<sup>st</sup>, 2012*

**Divisions:** A (sectionals), B(6 man teams), C(6 man teams), D(6 man teams), and E (Sectionals/Beginners' Division), LADIES (sectionals/scramble)  
Subject to change depending on number of entries in each division.  
Eastern Zone Rule Applies to C Grade and lower divisions.

**Saturday Night Dinner (7:30pm) and Dancing with DJ/Karaoke  
At Charlie Horse Farm, 14200 South Hwy 475, Summerfield, FL**

**Tournament Entry Fee: \$85.00 for current APA members and  
International players (includes participant dinner and registration gift)  
Additional Dinners: \$20.00 per person**

### **The Following Fees are for The Florida Horse Park:**

**Electric Pens permitted at no charge**

**Camping Permitted – no charge(No hook-up)**

**Camping with water and electric (\$15 night-book/pay early, only 4 available)**

**Stalls available at the horse park at \$25 per night (book/pay early, there is a  
dressage show that day and stalls will be full if you don't book early)**

**Stall Cleaning deposit \$15 per stall**

**Shavings available at 8.50/bag-1<sup>st</sup> bag included in stall price**

**Shavings must be purchased through the Florida Horse Park**

**Please arrange Stalls, penning, and camping with Deb Zito**

**At [dycharliehorse@yahoo.com](mailto:dycharliehorse@yahoo.com) (352)266-9326**

**ALL DOGS MUST BE ON A LEASH!!!**

**For More Area Information contact Debbie Zito at 352-266-9326 email  
[dycharliehorse@yahoo.com](mailto:dycharliehorse@yahoo.com) or the [Florida Horse Park](#) at 352-307-6699**

## Entry Form

Name: \_\_\_\_\_ Club Affiliation: \_\_\_\_\_

Address/Phone #/ Email \_\_\_\_\_

Age Bracket for EZ High Points: \_\_\_ Adult Men \_\_\_ Adult Women \_\_\_ U21 \_\_\_ U16

Team Name: \_\_\_\_\_ Team Colors: \_\_\_\_\_

### Player Names and Ratings (if currently rated by the APA)

#1 \_\_\_\_\_ Rating: \_\_\_\_\_

#2 \_\_\_\_\_ Rating: \_\_\_\_\_

#3 \_\_\_\_\_ Rating: \_\_\_\_\_

### Individual Entry

Name: \_\_\_\_\_ Rating: \_\_\_\_\_

Division: \_\_\_\_\_ Preferred Position: \_\_\_\_\_

Name of Umpire Horses you can bring & Grade it can Umpire: \_\_\_\_\_

### Fees: (Stalls and Camping fees are assessed by the Park)

Participant Entry Fee

(Current APA members and International Players) 85.00

Additional Saturday Night Dinner 20.00 x \_\_\_\_\_ = \_\_\_\_\_

Stalls @ \$25: Number of horses \_\_\_\_\_ x number of nights \_\_\_\_\_ = \_\_\_\_\_

Shavings at \$8.50 x number of bags (1<sup>st</sup> bag included w/stall) = \_\_\_\_\_

Camping w/hook-ups @ \$15.00/night x \_\_\_\_\_ nights = \_\_\_\_\_

APA Membership Fee or \$20 Day Fee (if needed) \_\_\_\_\_

Total Due: \_\_\_\_\_

**\*\*All Non APA members (except International players) will have to pay the Day Fee (\$20.00/tournament) or join the APA. The APA annual membership fees are \$70 per individual adult, \$40 per junior, or \$110 for family. If there is a late fee for your membership you must include that in your entry. You can join online prior to event at [www.americanpolocrosse.org](http://www.americanpolocrosse.org) \*\***

### Make Checks to: Charlie Horse Polocrosse Club

Return Entry Forms, Copy of Current Coggins & Checks to:

Debbie Zito, 14200 SE Hwy 475, Summerfield, FL 34491

Or via email to [Dycharliehorse@yahoo.com](mailto:Dycharliehorse@yahoo.com)

### **\*\*Very Important – Please Read\*\***

**If you are hauling horses into Florida, you must have a veterinary certificate of health (within 30 days) as well as current Coggins. You MUST stop at the Agricultural Inspection Station just inside state line. There they will look at your Drivers License, tag, and horse paperwork.**

## Agreement for Release and Waiver of Liability (adult)

The undersigned states as follows:

I acknowledge that the game of polocrosse involves inherent risks of personal injury to me personally, my horse and damage to equipment and property. Knowing and understanding this, I still desire to participate in and attend the Charlie Horse Polocrosse Club Spring Classic Polocrosse Tournament.

In consideration for my participation in and attendance at the event, I hereby, for myself, my heirs, executors and assignees, waive, release, discharge and hold harmless: The American Polocrosse Association, the Charlie Horse Polocrosse Club, The Florida Agricultural and Horse Park Authority its officers, directors, members, and agents, and all other persons or organizations in anyway connected with this event including, but not limited to, the field, their owners and operators, their officers, directors, employees, agents, representatives, heirs, administrators and assignees, from any and all rights, claims or liability for damages from any and all claims of any kind or nature, that might arise out of my participation in any way connected with this event or taking place upon the grounds at Charlie Horse Ranch or The Florida Agricultural and Horse Park Authority. I, further acknowledge that this release will extend to any accidents, damages or claims arising out of my participation, caused by my own act or the acts of anyone or any animal within my control.

By signing this release and waiver, I am assuming all risks of the activities of which I will be engage and releasing of all parties indicated above of any and all liability for their negligence of any description whatsoever. It is my intent to assume all risks and to waive and give up my rights (for myself and my heirs) to sue, and I do so knowingly and voluntarily.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parents or Guardian Release and Waiver (Juniors)

I am the parent or guardian of \_\_\_\_\_, a minor, and on the minor's behalf and on my behalf and on the behalf of all other parents or guardians of the minor, I accept the release and waiver of liability above as an inducement for allowing my child to participate in the Charlie Horse Polocrosse Club Tournament and related activities. I further authorize any emergency medical care which may be necessary.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**FLORIDA AGRICULTURE & HORSE PARK AUTHORITY, INC.  
COMPLETE RELEASE FROM LIABILITY IN CASE OF INJURY  
OR LOSS, WAIVER INDEMNITY AGREEMENT**

I/we understand that horseback riding and related activities, such as eventing and jumping, are very dangerous and involve the risk of serious injury and/or death, and/or property damage, including injury and/or death to horses, spectators and others. Accordingly, I/we agree that any activity engaged in by me on the premises owned by the state of Florida, or related to horses or horseback riding, if on the premises, is done at my own risk.

Accordingly, I/we release and agree to hold harmless the state of Florida, the Florida Agriculture & Horse Park Authority along with it's board of directors and employees, and any and all persons or entities who are guarantors or indemnitors of the above, all agents, employees, promoters, sponsors, other horse riders, horse owners, advertisers, sales persons, photographers, volunteers, (hereinafter called Releasees) from all liability for negligence or otherwise.

I/we assume full responsibility for the risk of bodily injury, illness, death of myself and/or my horse(s) and any property damage due to the negligence of Releasees or otherwise while the premises owned by the state of Florida, the Florida Agriculture & Horse Park Authority along with it's board of directors and employees or heavily engaged in horseback riding related activities, and/or while training, riding, competing, officiating, observing, volunteering, teaching, boarding, working for, or for any purpose relating to horseback riding, eventing or participating as rider or spectator in such activities.

I/we agree not to sue any Releasees, and I/we release and agree to indemnify for the Releasees from and for all liability for the undersigned, his/her person, representatives, assignees, heirs, and demands therefore on account of injury to her person or property, or death of undersigned whether caused by the negligence of the Releasees or otherwise.

I/we agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of this state where these activities are conducted, and if any part hereof is held invalid, it is agreed that the balance shall continue of full force and effect.

I/we have read and voluntarily signed the release and waiver of liability and indemnity agreement and further agree that no oral representations, statements or inducements apart from the foregoing written agreements have been made nor shall be made except by a written and signed addendum.

**WARNING**

***Under Florida 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 from the inherent risks of equine activities.***

**I HAVE READ THIS ENTIRE RELEASE AND AGREE TO ITS CONTENTS.**

Print Name(s) Clearly: \_\_\_\_\_

Signed (must be 21 years of age): \_\_\_\_\_

Date of signature: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_



# THE APA GOES INTERNATIONAL SUMMER 2012

*WOW! The APA is sending almost 30 players overseas to represent the United States this summer. This a really exciting time for American Polocrosse! Please join us in our efforts to prepare the teams and send them off in style. Our first official fundraising events will be at The Charlie Horse Tournament in Florida*



U16  
AUSTRALIA



OPEN TEAM  
ZAMBIA



U21  
UNITED  
KINGDOM

## **FRIDAY NIGHT DINNER MARCH 16\* CHARLIE HORSE BARN: OPEN TEAM ZAMBIA**

\*Burgers, Dogs, and all the fixings' for a suggested donation of \$6.00

\*Bring your racquets and a few spare dollars to participate in the players challenge...

## **SATURDAY SILENT AUCTION& 50/50 RAFFLE: PROCEEDS TO BENEFIT ALL THREE TEAMS**

\*Bring your items for Auction to Melissa Main, you may specify donation to one of the tours or generally to the ITP fund to be distributed equally among the three tours .

## **OTHER WAYS TO SUPPORT THE TEAMS:**

*All three ITP teams will be accepting tax-deductible donations through the APA. We are also in need of sponsors and in kind donations. The teams would be happy to advertise and represent your business by wearing your logo on their jerseys', day shirts and equipment. Please Contact Melissa Main with any questions: 407-832-6730 or email: [mmainphotography@gmail.com](mailto:mmainphotography@gmail.com)*