



Carolina Polocrosse Club



Liability Release

The undersigned states the following: I acknowledge that the game of Polocrosse involves inherent risks of personal injury to me personally, my horse, and damages to equipment and property. Knowing and understanding this, I still desire to participate in and attend Carolina Polocrosse Club sponsored events. In consideration for my participation in and attendance to these events, I hereby, for myself, my heirs, executors and assigns, discharge and hold harmless the Carolina Polocrosse Club, its officers, directors, members and agents and all other persons or organizations in any way connected with this event including but not limited to, properties, their owners and operators, their officers, directors employees, agents, representatives, heirs, administrators and assigns, from any and all rights, claims or liability for damages from any and all claims of any kind of nature, that might arise out of my participation in any activity in any way connected with this event or taking pace upon the grounds.

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 animals within my control. I hereby certify that I am covered by medical, health, and accident insurance and/or I am responsible for any costs I may incur for the own medical injuries.

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

Parent or Guardian Release and Waiver : I am the parents/guardian of _____, a minor, and on the minors behalf and on the behalf of all other parents and guardians, I accept the release and waiver of liability above as an inducement for allowing my child to participate in Polocrosse games, practices and related activities. I further authorize any emergency medical care which may be necessary.

WARNING

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.

I have read and agree to abide by the above:

Signature of Member, Parent/ Guardian Over 18 years of Age:

Date: _____

(attach to membership form)