WILL ROGERS POLO CLUB, Inc

Release and Waiver

For and in consideration of Will Rogers Polo Club, Inc. permitting me to enroll in and participate in the polo games and related activities (collectively, the "Activity") by signing below I hereby voluntarily indemnify release from liability and hold harmless Will Rogers Polo Club, Inc. and its owner(s) agent(s) and contractor(s) (collectively, "WRPC") for any accident, injury, illness, death, loss, damage to person or property, or other consequences suffered by me or any other person arising or resulting directly or indirectly from my participation in the Activity.

If I am injured, I agree to assume any financial obligation, either through my personal health insurance, or through some other means, for any medical costs which I incur. WRPC assumes no responsibility for any medical expenses, injury or damage suffered by Participant in connection with the use of any WRPC facilities or services in connection with the Activity (regardless of where such services take place).

I further agree to conform to all rules and regulation adopted by WRPC.

IT IS MY INTENTION BY SIGNING BELOW TO EXPRESSLY ASSUME ALL RISK OF PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE UPON MYSELF, TO THE EXCLUSION OF WRPC, INC., AND EXEMPT AND RELIEVE WRPC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH.

I agree that neither I nor my spouse, assignees, heirs, guardians, and or legal representatives will make any claim against, sue or attach the property of WRPC and/or any owner or agent thereof, for any loss or damage resulting from my participation in the Activity.

I AM AWARE OF THE POTENTIAL DANGERS INCIDENTAL TO THE ACTIVITY, THAT THIS IS A RELEASE OF LIABILITY, A WAIVER OF MY LEGAL RIGHT TO COLLECT DAMAGES IN THE EVENT OF INJURY, DEATH OR PROPERTY DAMAGE AND A CONTRACT BETWEEN MYSELF AND WRPC, AND I VOLUNTARILY SIGN THIS DOCUMENT.

Participants Name: _____
Signature: _____
Date: _____

Member Information

Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone: _____
Email: _____

Emergency Contact's or Parent's/Guardian's Name:
_____

Emergency Telephone: _____