



GRAND OPENING VISITOR WAIVER

GUEST INFORMATION:

First Name* _____ Last Name* _____

email* _____

Street Address* _____

City* _____ State* _____ Zip* _____

Parent/ Guardian First & Last Name* _____

EMERGENCY CONTACT:

First Name* _____ Last Name* _____

Emergency Contact Phone* _____

LIABILITY WAIVER - Visitor & Facility Acknowledgment

I understand that horses, equine facilities, barns, arenas, parking areas, walkways, equipment, weather, uneven ground, and public event activity may involve inherent risks. I voluntarily enter the premises and participate as a visitor or guest with knowledge of those risks.

In consideration of being permitted to attend the Grand Opening Reception and enter areas associated with Yellowstone Polo Club and Sagebrush Equine Facility, I release, waive, and discharge Yellowstone Polo Club, Sagebrush Equine Facility, Yellowstone Polo Foundation, their owners, officers, directors, members, employees, volunteers, contractors, representatives, and agents from claims arising from my attendance, presence, or participation, to the fullest extent permitted by law.

I agree to follow posted instructions and directions from event staff, to keep a safe distance from horses and equipment unless invited by staff, and to supervise any minor child under my care while on the premises.

I have read and understand this waiver and agree to its terms.

Email Communications - Optional Updates from Yellowstone Polo Club

I would like to receive updates regarding Yellowstone Polo Club events, Polo School sessions, membership opportunities, and club news.

Date* _____

Signature* _____

Printed Name* _____