



POLO SCHOOL WAIVER (pg 1)

STUDENT INFORMATION:

First Name* _____ Last Name* _____

email* _____

Street Address* _____

City* _____ State* _____ Zip* _____

DOB DD/MM/YYYY* _____ Over 18 (Y/N) * _____

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.

RIDING EXPERIENCE: Beginner
 Intermediate
 Advanced

POLO EXPERIENCE: None
 Beginner
 Previous Instruction
 Previous Competition

PHOTO & MEDIA RELEASE:

Select the media permissions that apply.

- I authorize Yellowstone Polo Club, Sagebrush Equine Facility, and Yellowstone Polo Foundation to use photographs and video recordings of me for promotional, educational, editorial, and marketing purposes.
- I authorize use of photographs and video recordings of my minor child.
- I do not wish to appear in promotional media.

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.



POLO SCHOOL WAIVER (pg 2)

MEDICAL INFORMATION:

Relevant Medical Conditions _____

Allergies _____

Medications _____

PARENT GUARDIAN:

First Name* _____ Last Name* _____

Signature* _____

Parent/ Guardian Contact Phone* _____

I have read this Polo School registration and waiver, understand that it includes a release of liability, and agree to its terms.

Date* _____

Signature* _____

Printed Name* _____