

POLOCROSSE CANADA

AGREEMENT FOR RELEASE AND HOLD HARMLESS AND RIGHT TO ENTER PREMISES AND PARTICIPATION IN ALL POLOCROSSE OR POLOCROSSE RELATED EVENTS

The undersigned states as follows:

I acknowledge the **inherent risks involved in riding, playing Polocrosse and working around horses**, which risks include bodily injury from using, riding and being in close proximity to horses among other risks, and further that both horse and rider can be injured in normal use or in competition and schooling. I further recognize the risks of Polocrosse with the added dangers of rackets, equipment and other players on the field. Knowing and understanding this, I still desire to participate in, and attend, the practices, clinics, and games of Polocrosse or related activities.

I have personally had the opportunity to review the premises located at:

1.) Lillian LeDuc (Gus LeDuc Holdings Ltd.)/Pam and Ralph Bergen NE ¼,29-20-28 W4th near Aldersyde _____ **(Initial)**

2.) Allen & Susan Hick's (NW S15 T21 R3 W5M) near Millarville _____ **(Initial)**

and I have satisfied myself as to the condition of the premises and the design, structure and circumstances involved with the areas I would like to use. I acknowledge that I have no necessity to participate in this Polocrosse event and that there are other equine activities at other sites I can attend. _____ **(Initial)**

In Consideration for the privilege of riding, playing Polocrosse, working around horses, and being a spectator at the activities (held at the above described property, or other selected properties), I hereby agree to hold harmless and indemnify the owners, occupants, participants and the organizers of activities on said property and further release them from any liability or responsibility for accident, damage, injury or illness to myself, my horse(s), family member(s) or spectator(s) accompanying myself on the said premises.

Upon the assurance that I have personally satisfied myself of the conditions of the premises, that I am aware of the inherent dangers involved, and based upon the foregoing release, indemnification and my assumption of sole liability for myself, my property and my quests.

I fully understand that **riding, playing Polocrosse, training and cross country horseback are very dangerous activities**, with many risks, including but not limited to:(I)The propensity of an equines to behave in dangerous ways which may result in injury to the rider, trainer, groom, handler or spectators, (II) The inability to predict an equine's reaction to sound, movement, objects, persons or animals and (III) Hazards of surrounding (i.e. fences), surface and sub surface conditions and riding over unknown terrain where hazards may be hidden by vegetation or development,(i.e. gopher holes and other animal burrows). I wish to participate in these activities knowing they are dangerous. I accept and assume all risks of injury (including death) to my property or me. As a quest of this Association I am fully aware that I have no insurance coverage and am expected to carry my own insurance.

In exchange for being permitted to participate in these activities, I do for myself, my heirs, guardian and legal representatives, release and agree not to make or bring any claim of any kind against the owners or occupants of the above described property, and the Polocrosse Canada association and, it's partners, officers, employees, volunteers and agents and or the Foothills Polocrosse Club, the Millarville Club or their members, officers, directors, employees, volunteers or recognized Associations of said Region or the persons making the property available to me for any injury (including death), or for any damage to my property, I will keep all those released by this agreement free of any damages or costs because of those claims. I understand that this waiver and agreement is binding forever upon heirs, my successors and myself. This waiver will continue to be binding from year to year and supersedes all signed wavier.

Signature _____

Witness _____

Name _____

Name _____

Date _____

Date _____

PARENT OR GUARDIAN RELEASE WAIVER

I am the parent or guardian of _____ ("the child"), a minor, and on the Child's behalf, and on my behalf, and on the behalf of all other parents and guardians of the Child in consideration of said Child's participation in or attendance at any Polocrosse practice or game or any related activity, I accept the release and waiver of liability above as an inducement for allowing the Child to participate in Polocrosse games, practices or related activities or attending of the same. I further authorize many emergency medical care, which may be necessary to be given to the child.

Signature _____

Witness _____

Name _____

Name _____

Date _____

Date _____