



Waiver of LIABILITY

This is a legal document, binding in the State of RI.
It must be **completed in full.**



I, _____ know of, and acknowledge the risks involved in

(Please PRINT) Name of Participant

participating in polo lessons, in polo playing and in polo practicing; I understand that serious injury, and even death, is possible in such participation and I choose to accept any and all responsibility for my safety and welfare while participating in these aforementioned activities. With full understanding of the risks involved, I release and hold harmless Newport Polo Inc. and Pierce Anthony Farm LLC and their officers, directors, employees, representatives, agents, umpires, referees and Daniel P. Keating, the United States Polo Association, its subsidiary & affiliated companies, directors, governors, officers, trustees, agents, and employees from any and all responsibility and liability for any injury, claim or death resulting from my participation in any polo activities and agree to take no legal action against the aforementioned parties because of any accident, mishap, injury or death involving my participation.

I further hereby authorize the use or disclosure of my individual health information should treatment for illness or injury become necessary. I authorize emergency medical treatment for myself, should the need arise for such treatment while I am participating in polo activities. In case of emergency, I understand that every reasonable effort will be made to contact the Emergency Contact person that I shall name herein and provide phone numbers for. In the event that Representatives cannot reach my Emergency Contact, I hereby give my permission to transport or arrange transport of myself to a facility for medical treatment. Further, I give my permission to the health care provider(s) to render medical treatment, including hospitalization, anesthesia, surgery, or injections of medications for myself.

I further agree to be financially responsible for all charges incurred in connection with any and all medical treatment, as well as any and all polo fees for the services that I voluntarily requested.

I further agree to hereby irrevocably authorize Newport Polo Inc. and their agents to use, print, publish, copy, display, disseminate and/or modify photographs/film of me in, for any kind of promotional material, and acknowledge that I will not receive any monetary compensation for any of the aforementioned.

I HAVE READ THIS CAREFULLY, UNDERSTAND ALL OF ITS TERMS, AND I KNOW IT CONTAINS A WAIVER OF LIABILITY, WHICH I AM WILLINGLY SIGNING.

Signature of Participant (if 18 or older) or Parent/Guardian Today's Date

Participant's Telephone Number / Email Address Permission to Eblast Weekly Schedule? Y/N

Participant's Mailing Address City State Zip

Name of Emergency Contact Telephone: Work Home Mobile

Newport Polo Inc.

Since 1992

2503 East Main Road • Portsmouth • RI 02871

Polo Office 401-847-7090 • Fax 401-846-0200 • Hotline for Schedule Change 401-846-0200 x2

www.nptpolo.com

Waiver March 2018