

**BUCKS COUNTY POLOCROSSE
AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY**

The undersigned states the following: I acknowledge that the game of Polocrosse involves inherent risks of personal injury to me personally, my horse, and damages to equipment and property. Knowing and understanding this, I still desire to participate in and attend BCPC sponsored events. In consideration for my participation in and attendance to these events, I hereby, for myself, my heirs, executors and assigns, discharge and hold harmless; The Bucks County Polocrosse Club, its officers, directors, members and agents, and all other persons or organizations in any way connected with this event including, but not limited to properties, their owners and operators, their officers, directors, employees, agents, representatives, heirs, administrators and assigns, from any and all rights, claims or liability for damages from any and all claims of any kind of nature, that might arise out of my participation in any activity in any way connected with this event or taking place upon the grounds. I further acknowledge that this release will extend to any accidents, damages, or claims arising out of my participation, caused by my own act or the acts of anyone or any animal within my control.

I hereby certify that I am covered by medical, health and accident insurance and/or I am responsible for any costs I may incur for my own medical injuries. By signing this release and waiver, I am assuming all risks of this activity in which I will be engaged and releasing all of the parties indicated above of any and all liability for their negligence of any description whatsoever. It is my intent to assume all risk and to waive and give up my rights (for myself and my heirs) to sue. And I do so knowingly and voluntarily.

Signature _____ Date _____

Parent or Guardian Release and Waiver (Please list all minor participants)

I am the parent/guardian of _____, a minor, and on the minor's behalf, and on the behalf of all other parents and guardians, I accept the release and waiver of liability above as an inducement for allowing my child to participate in polocrosse games, practices and related activities. I further authorize any emergency medical care which may be necessary.

Signature _____ Date _____