



INTERNATIONAL MASTERS
POLOCROSSE COMPETITION
AND
CHARLIE HORSE SPRING CLASSIC
POLOCROSSE TOURNAMENT
SATURDAY MARCH 7TH-SUNDAY MARCH 8TH
FLORIDA HORSE PARK

11008 SOUTH HIGHWAY 475

OCALA, FLORIDA, 34480

Closing Date: Monday, February 23rd, 2009
(\$20.00 Late Fee Applies to entries after closing date)

Divisions: Masters A, Masters B-C, A, B, C, D, and F (For Fun-Walk/Trot/Canter-Good Division for beginners and those that desire less intense play)
Intercollegiate Division – Depending on number of entries

Saturday Night Dinner (7:00pm) and Dancing with D♯/Karaoke
At Charlie Horse Farm, 14200 South Hwy 475, Summerfield, FL
(5 minutes south of the Horse Park) Sharp Casual Attire

Rental Horses Available through Polo Excursions

Contact Craig Creamer at 352-978-7656 or www.polotime@aol.com

Fees:

Tournament Entry Fee: \$85.00 for current APA members and international players (includes participant dinner and registration gift)

Additional Dinners: \$20.00 per person

Stalls available at the horse park at \$20/night – Shavings available at 6.00/bag

Electric Pens also permitted

Camping Permitted (No hook-ups available)

Please arrange Stalls with the Florida Horse Park

At www.flhorsepark.com

ALL DOGS MUST BE ON A LEASH!

For More Area Information contact Debbie Zito at 352-266-9326 email dycharliehorse@yahoo.com or the [Florida Horse Park](http://FloridaHorsePark.com) at 352-307-6699

Entry Form

Name: _____ Club Affiliation: _____
Address/Phone #/ Email _____

Age Bracket for EZ High Points: ___ Adult Men ___ Adult Women ___ U21 ___ U16

Team Name: _____ Team Colors: _____

Player Names and Ratings (if currently rated by the APA)

#1 _____ Rating: _____

#2 _____ Rating: _____

#3 _____ Rating: _____

Individual Entry

Name: _____ Rating: _____

Division: _____ Preferred Position: _____

Name of Umpire Horses you can bring & Grade it can Umpire: _____

Fees:

Participant Entry Fee

(Current APA members and International Players)

85.00

Additional Saturday Night Dinner

20.00 x _____ = _____

APA Membership Fee or \$20 Day Fee (if needed)

Total Due:

****All Non APA members (except International players) will have to pay the Day Fee (\$20.00/tournament) or join the APA. The APA annual membership fees are \$60.00 per individual adult, \$30 per junior, or \$90 for family. You can join online prior to event at www.americanpolocrosse.org ****

Return Entry Forms, Copy of Current Coggins & Checks to:

Debbie Zito, 14200 SE Hwy 475, Summerfield, FL 34491

Or via email to Dycharliehorse@yahoo.com

****VERY IMPORTANT - PLEASE READ****

IF YOU ARE HAULING HORSES INTO FLORIDA, YOU MUST HAVE A VETERINARY CERTIFICATE OF HEALTH (WITHIN 30 DAYS) AS WELL AS CURRENT COGGINS. YOU MUST STOP AT THE AGRICULTURAL INSPECTION STATION JUST INSIDE STATE LINE. THERE THEY WILL LOOK AT YOUR DRIVERS LICENSE, TAG, AND HORSE PAPERWORK.

Agreement for Release and Waiver of Liability (adult)

The undersigned states as follows:

I acknowledge that the game of polocrosse involves inherent risks of personal injury to me personally, my horse and damage to equipment and property. Knowing and understanding this, I still desire to participate in and attend the Charlie Horse Polocrosse Club Spring Classic Polocrosse Tournament.

In consideration for my participation in and attendance at the event, I hereby, for myself, my heirs, executors and assignees, waive, release, discharge and hold harmless: The American Polocrosse Association, the Charlie Horse Polocrosse Club, its officers, directors, members, and agents, and all other persons or organizations in anyway connected with this event including, but not limited to, the field, their owners and operators, their officers, directors, employees, agents, representatives, heirs, administrators and assignees, from any and all rights, claims or liability for damages from any and all claims of any kind or nature, that might arise out of my participation in anyway connected with this event or taking place upon the grounds at

The Florida Horse Park. 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.

By signing this release and waiver, I am assuming all risks of the activities of which I will be engage and releasing of all parties indicated above of any and all liability for their negligence of any description whatsoever. It is my intent to assume all risks and to waive and give up my rights (for myself and my heirs) to sue, and I do so knowingly and voluntarily.

Signature _____ Date _____

Parents or Guardian Release and Waiver (Juniors)

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

Signature of Parent or Guardian _____

Date _____

**FLORIDA AGRICULTURE & HORSE PARK AUTHORITY, INC.
COMPLETE RELEASE FROM LIABILITY IN CASE OF INJURY
OR LOSS, WAIVER INDEMNITY AGREEMENT**

I/we understand that horseback riding and related activities, such as eventing and jumping, are very dangerous and involve the risk of serious injury and/or death, and/or property damage, including injury and/or death to horses, spectators and others. Accordingly, I/we agree that any activity engaged in by me on the premises owned by the state of Florida, or related to horses or horseback riding, if on the premises, is done at my own risk.

Accordingly, I/we release and agree to hold harmless the state of Florida, the Florida Agriculture & Horse Park Authority along with it's board of directors and employees, and any and all persons or entities who are guarantors or indemnitors of the above, all agents, employees, promoters, sponsors, other horse riders, horse owners, advertisers, sales persons, photographers, volunteers, (hereinafter called Releasees) from all liability for negligence or otherwise.

I/we assume full responsibility for the risk of bodily injury, illness, death of myself and/or my horse(s) and any property damage due to the negligence of Releasees or otherwise while the premises owned by the state of Florida, the Florida Agriculture & Horse Park Authority along with it's board of directors and employees or heavily engaged in horseback riding related activities, and/or while training, riding, competing, officiating, observing, volunteering, teaching, boarding, working for, or for any purpose relating to horseback riding, eventing or participating as rider or spectator in such activities.

I/we agree not to sue any Releasees, and I/we release and agree to indemnify for the Releasees from and for all liability for the undersigned, his/her person, representatives, assignees, heirs, and demands therefore on account of injury to her person or property, or death of undersigned whether caused by the negligence of the Releasees or otherwise.

I/we agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of this state where these activities are conducted, and if any part hereof is held invalid, it is agreed that the balance shall continue of full force and effect.

I/we have read and voluntarily signed the release and waiver of liability and indemnity agreement and further agree that no oral representations, statements or inducements apart from the foregoing written agreements have been made nor shall be made except by a written and signed addendum.

WARNING

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

I HAVE READ THIS ENTIRE RELEASE AND AGREE TO ITS CONTENTS.

Print Name(s) Clearly: _____

Signed (must be 21 years of age): _____

Date of signature: _____