



2017 UNITED STATES POLO ASSOCIATION® MEMBERSHIP APPLICATION

9011 Lake Worth Rd. • Lake Worth, FL 33467 • Telephone: (800) 232-8772 • Fax: (888) 391-7410

Website: www.uspolo.org • Email: uspa@uspolo.org



The United States Polo Association (USPA) membership year is from January 1 through December 31 of each year.

PERSONAL INFORMATION (Required)

Name : _____
(First) (Middle) (Last) (Suffix)

Nickname : _____

Gender: Male Female

Mailing Address: _____

City, State, Zip _____

Country: _____

Phone: _____

Email: _____

Date of Birth (MM/DD/YYYY): ____/____/____

Are you a U.S. Citizen?

Yes, and I Can Provide:

U.S. Birth Certificate U.S. Passport U.S. Citizenship Certificate

No, Country of Citizenship: _____

CLUB INFORMATION (Required, except for Social Non Playing Members)

Club Affiliation: _____

MEMBERSHIP TYPE (Required)

Registered Player (U.S. Citizen).....\$150

Active Duty U.S. Armed Forces.....\$0

- U.S. Citizen
- Registered through an Active Member or Affiliate Member Club
- Shall enjoy all individual benefits and obligations of the Association

Affiliate Player (Non U.S. Citizen).....\$150

- Non U.S. Citizen
- Registered through an Active Member or Affiliate Member Club
- Shall enjoy all the individual benefits and obligations of the Association except:
 - o Not eligible to be a Club Delegate for an Active Member Club
 - o May not serve on the Board of Governors
 - o Not entitled to vote on Association matters

Social Non- Playing\$75

- Does not require a club affiliation
- Shall enjoy all the individual benefits and obligations of the Association except:
 - o May not be awarded a handicap
 - o Not eligible to participate in Association events
 - o Not eligible to be a Club Delegate for an Active Member Club
 - o May not serve on the Board of Governors
 - o Not entitled to vote on Association matters
- May become a Registered Player or Affiliate Member by paying the difference in the annual fee, requesting a handicap, and affiliating with an Active Member or Affiliate Member Club

Student.....\$50

First Year Free Student Member (new members only).....\$0

- First Year of Student Membership shall be free, if applying after June 30th the following year shall also be free
- Eligibility, Any member who is:
 - o Under the age of nineteen (19) on the date of application
 - o Taking part in an Intercollegiate or Interscholastic Program at any College, University, Secondary School or Youth Program.
 - o Any adult member actively participating in a polo school (in their first two years of membership)
- Shall enjoy all the individual benefits and obligations of the Association except:
 - o Not eligible to be a Club Delegate for an Active Member Club
 - o May not serve on the Board of Governors
 - o Not entitled to vote on Association matters

Lifetime Membership.....\$2,500

- Shall have the same benefits as a Registered Player Member or Affiliate Player Member

MEMBERSHIP OPTIONS

I want to receive the monthly Polo Player's Edition® Magazine Yes No

I want to receive the Annual USPA® Blue Book Yes No

I want to receive all information USPA® sends via e-mail.

I only want to receive USPA® information regarding membership and handicap.

I do not want to receive any information via mass electronic communication even if it concerns my membership.

I would like to receive candidate emails for the 2017 Governor At Large Election

I want my contact information (address, phone or email) listed in the USPA® Website:

Yes No

* Name, Club and Handicap will still be listed

* Information for Members under the age of 18 will not be listed

HANDICAP HISTORY

Yes, what Association : _____

Handicap, Outdoor: ____ Arena: ____ Wmn's: ____

Highest World Handicap, Outdoor: ____ Arena: ____ Wmn's: ____

OTHER INFORMATION

Do you plan to participate in High Goal Polo (20+ Outdoor) within the next year?

No Yes

Have you ever participated in the Intercollegiate/ Interscholastic Program?

Yes, Interscholastic Team: _____

From (Years): _____ to _____

Yes, Intercollegiate Team: _____

From (Years): _____ to _____

Are you currently a Coach for an Intercollegiate/ Interscholastic Team?

Yes, Team: _____

Have you ever been a member of US Pony Club or Horse Masters?

Yes, Club: _____

From (Years): _____ to _____

Current status with the U.S. Armed Forces?

Myself Family Member Spouse

Current Active Duty

Retired

Honorable Discharged

Family Member

Spouse

Branch: _____

PAYMENT SECTION

Total	Type of Payment: (US Funds ONLY)
\$ _____	<input type="checkbox"/> Check (made out to USPA) # _____
	<input type="checkbox"/> Credit Card

*Registration fees to the USPA® are not deductible as a charitable contribution.

To pay via credit card please submit this form and call the USPA Office

MEMBER SIGNATURE (Required)

By signing below, you or the parent/guardian (if the member is 18 years or younger) are confirming that the information on this form is accurate and that you are in agreement with USPA Waiver, Indemnity, Assignment, Hold Harmless and Release, and USPA® Terms and Conditions (see reverse side)

Member Signature: _____

Parent/ Guardian Signature: _____

Date (MM/DD/YYYY): ____/____/____

USPA TERMS AND CONDITIONS

I AGREE:

- 1) To be bound and abide by the Constitution, By-Laws, Tournament Conditions, Rules and Policies of the USPA®, as published yearly in the USPA® Rulebook, and as amended from time to time.
- 2) To pay the USPA® attorney's fees and costs in any matters arising out of or related to my violations or non-compliance with the Constitution, By-Laws, Tournament Conditions and/or Rules of the USPA®.
- 3) To be responsible for any injury or damage caused by myself, my agents, employees and/or their mounts.

I FURTHER AGREE:

- 4) I further acknowledge and agree that I voluntarily and knowingly assume any risk with respect to my participation in any USPA® sanctioned activity, tournament or game (collectively, "USPA® Event") and to indemnify and hold harmless the sponsoring club and any other sponsor or member clubs of the USPA®; any charity or other beneficiary which may benefit from the USPA® Event; the USPA®; the owners, lessees or lessors of any premises where a USPA® Event may be held; and all directors, governors, officers, trustees, agents, employees, or servants of any of the above-named entities (collectively, the "Indemnified Parties"), from any claim for any personal injury, death or property damage sustained by me and any person or entity, including, without limitation, all third parties, all other members, entrants, and any person performing services for any of the Indemnified Parties, arising out of my conduct.
- 5) That the USPA® shall be entitled to use my name and likeness, without compensation to me, provided that such use is limited to photographs, still images, and video on or in the USPA® website, the USPA® Blue Book, USPA® publications, Polo Player's Edition magazine and USPA Trademarks.
- 6) That the Association is a voluntary, private sporting organization. Membership in the Association is at-will and subject to the discretion of the Association at all times. Each calendar year, a candidate for membership shall submit a completed Membership Application for consideration by the Association. If, in the sole and absolute discretion of the Association, the membership candidate possesses the type of good character that the Association seeks for its membership, the Association may accept the candidate's Membership Application and grant membership to the candidate for that particular calendar year. Subject to the provisions of By-law 11, 15 and 16, a Member Club, Individual Member or Lifetime Member's previously accepted membership may be suspended, revoked or terminated at any time by the Association where a Member Club, Individual Member or Lifetime Member acts in a manner that is deemed, in the sole and absolute discretion of the Association, to be inconsistent with, contrary to, or violate the Association's Rules, By-Laws, Terms and Conditions of the Membership Application, Code of Conduct set forth in By-Law 4(b), or tournament conditions.

By signing this registration form and accepting the privileges of the USPA®, I acknowledge that I have read, understand, accept and agree to the terms and conditions set above.

WAIVER, INDEMNITY, ASSIGNMENT, HOLD HARMLESS AND RELEASE

I knowingly, willingly and voluntarily fully and unequivocally acknowledge and agree that riding, cantering, galloping, walking, playing, training for, and/or officiating a game of polo and all other equestrian activities are dangerous and ultra-hazardous, and involve risk of serious injury and/or death and/or property damage. In consideration of being permitted to participate in any capacity in a United States Polo Association, Inc. ("USPA") sanctioned event, including polo all activities incidental and ancillary thereto, I agree to be bound by the following:

A. CONSENT AND RELEASE FROM LIABILITY FOR EMERGENCY MEDICAL TREATMENT:

I authorize emergency medical treatment to be administered on me should the need arise for such treatment while I am participating in a USPA sanctioned event. I hereby give permission to transport me or arrange for my transport to a facility for medical treatment. I give my permission to the health care provider(s) to provide me with medical treatment, including hospitalization, anesthesia, surgery, or injections or medications. I further agree to be financially responsible for all charges incurred in connection with such treatment. I knowingly, willingly and voluntarily fully and unequivocally release the USPA, its Officers, Board of Governors, Circuit Governors, employees, staff, volunteers, umpires, polo Clinics, Member Clubs, and its subsidiaries and corporate affiliates including, but not limited to, USPA Umpires, LLC, USPA Polo Development, LLC and USPA Marketing, LLC (collectively, the "Related Parties"), for any injury, harm, damages, suffering or other economic claims that may arise during or as a result of the provision of emergency medical treatment given to me by either field-side paramedics, medical personnel, doctors, nurses or others.

B. RELEASE AND WAIVER FROM LIABILITY:

I, on my own behalf and, to the maximum extent permitted by law, on behalf of any person or entity claiming through me, knowingly, willingly and voluntarily fully and unequivocally release the USPA and Related Entities and hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the USPA and the Related Entities for any and all damage, and any claims, including but not limited to, any claim of personal injury, death, injury, harm, damages, suffering or other economic claims arising from the Equine Activities, or any other act caused by the USPA and/or the Related Entities.

C. HOLD HARMLESS:

I knowingly, willingly and voluntarily fully and unequivocally agree to INDEMNIFY AND SAVE AND HOLD HARMLESS the USPA and the Related Entities from any loss, liability, damage, or costs associated with, relating to, or pertaining to my participation in a USPA-sanctioned event or an equine activity that the USPA may incur due to my participation, action or inaction.

D. ASSUMPTION OF RISK:

I acknowledge that I voluntarily participate in the sport of polo and assume any risk of serious injury including, but not limited to, head or neck injury, paralysis or death resulting from participation in the sport. I consciously and voluntarily assume all such risks, dangers and hazards inherent in any and all equine activities including, but not limited to, USPA-sanctioned events.

E. EQUIPMENT/PROTECTIVE GEAR:

I understand that I am required to wear a helmet during all USPA-sanctioned events. I understand that the USPA does not recommend the use of one helmet over another. I acknowledge and understand that it is my own responsibility to select a helmet, face/eye protection and any other form of protective sporting equipment that I believe will provide the best protection and safety for me while participating in a USPA-sanctioned event.

WARNING:

CAUTION: HORSEBACK RIDING AND EQUINE ACTIVITIES CAN BE DANGEROUS. RIDE AT YOUR OWN RISK.

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

Having read the preceding, I acknowledge my understanding of those risks set forth herein and knowingly agree to accept full responsibility for my exposure to such risks, injury, harm, damage or death. I acknowledge a full and complete understanding of the limitations of liabilities and waiver of certain rights that I may have and granting of releases contained herein and knowingly consent thereto.

I agree to be bound by and abide by the Constitution, By-Laws, Tournament Conditions and Rules of the USPA, as stated in the annual USPA RuleBook, as amended from time to time.

I HAVE READ THIS DOCUMENT, IN ITS ENTIRETY, CAREFULLY, UNDERSTAND ALL OF ITS TERMS, AND KNOW IT CONTAINS A RELEASE AND WAIVER FROM LIABILITY, AS WELL AS A HOLD HARMLESS AND INDEMNIFICATION.

MEMBER BENEFITS

- USPA Member Card/Decal
- Handicap*
- Subscription to Polo Players Edition
- Discounts from Polo Plus
- Discounts on US Polo Assn. Apparel
- USPA Rulebook *
- USPA Bluebook *
- \$1 Million Personal Excess Liability Insurance*
- Accidental Death & Dismemberment and Excess Medical Insurance *
- Access to USPA Member Portal
- Access to PoloSkillz
- Access to Clinics and Instructors Forums
- Instructor Certification
- Umpire Training and Certification

*Not available for Social Non Playing Members