



VAL DE VIE POLO CLUB MEMBERSHIP APPLICATION FORM

NAME:	
SURNAME:	
MOBILE NR:	
EMAIL ADDRESS:	
PHYSICAL ADDRESS:	
PO BOX:	
WORK TEL:	
HOME TEL:	
PREVIOUS CLUB NAME:	
CURRENT SAPA HANDICAP:	
APPLICATION TO BE ACCOMPANIED BY	<ul style="list-style-type: none"> • Letter of good standing from previous club • Letter of good standing from SAPA (for people who were not members of Val de Vie Polo Club during the foregoing season.)
LEVEL OF MEMBERSHIP APPLIED FOR	<ul style="list-style-type: none"> • Platinum Membership • Gold Membership • Silver Membership • Temporary Membership

Please email completed in form to: polo@valdevie.co.za



I, the undersigned, in my personal capacity and in my capacity as guardian and/or caretaker of any minor children under my control who will attend any Polo and Equestrian event or for any other reason visit the Polo Fields, Stables or any of the surrounding areas on the Estate (hereinafter called a "risk event"), hereby acknowledge:-

- I am aware of the inherent risks of Equestrian Sports and Polo in particular.
- I accept the risk of injury to myself or to any of my children or to any other children under my control, arising from any activity arising from any risk event. This will apply irrespective of the way the injury or damage is caused.
- If applicable I undertake to control all children under my control, in such way that they will not suffer injury or damage in any way from any risk event.
- I undertake on behalf of myself, my estate or my children accompanying me or children under my control, that should I or any child suffer any injury or damage to any property, arising in any way from a risk event, whether such injury or damage was caused by the negligence or fault of any employee or agent of Val de Vie Home Owners Association or in any way whatsoever, not to institute any claim against Val de Vie Home Owners Association, its employees or agents.

I hereby indemnify Val de Vie Home Owners Association, the Proprietor or lessee of any relevant property, or its employees or agents, against any such claim against them in respect of any injury or damage arising from any risk event as envisaged above.

I understand and accept that this application will be processed by the Val de Vie Polo Club Exec at its sole discretion and their decisions on all matters pertaining to membership are binding on me. I also accept all the terms and conditions of the Val de Vie Polo Club Constitution and all Club Rules & Regulations as determined by the EXEC from time to time.

Name: _____ Date: _____

Signature: _____