

Minnesota Polocrosse Club Membership Form

Name	Birthday (if under 18)	APA#

Mailing Address: _____
 City: _____ State: ____ Zip: _____
 Phone _____
 E-Mail Address _____

Renewal

New Member

*All Membership fees are due by March 1st, after that a late fee will be added.
 \$10 per individual or \$15 per household.*

Household Membership (Children over 18 included) \$175.00
 Individual \$95.00
 Day Member \$20.00 (max 2 times per year)

The Minnesota Polocrosse Club offers to its membership: regular meetings, communication updates in the form of e-newsletters, networking contacts with fellow players and supporters, coaching and umpire training opportunities, competition opportunities, website, insurance for member only practices, and a commitment to promote the sport of polocrosse and the American Polocrosse Association.

I, as a member, agree to abide by the By-Laws and all Rules and Regulations, of the Minnesota Extreme Polocrosse Club.

RELEASE 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 Minnesota Extreme 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 Minnesota Extreme Polocrosse Club, the MXPC, 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.

Parent or Guardian Release and Waiver (Please list all minor members, in space below, whether player/non)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 that may be necessary.

Signature: _____ Date, _____

Send To Our Address: Kristi Johnson 6525 W 218th St, Jordan, Mn, 55352

For Office Use Only: Check Number _____ Check Amount _____ Date Received _____
