



New Zealand Exchange Program

2018 Application Guidelines

Trip Dates: November 16 -26, 2018

The Polo Training Foundation was founded to teach the game of polo to young players by promoting youth clinics, interscholastic and intercollegiate competition, good sportsmanship and good will through friendly competition.

Churchill once proclaimed that “a polo handicap is a passport to the world.” The PTF Exchange Program was designed to utilize that handicap and thus continue the polo education of the Junior Players while also creating new friends and memories to last a lifetime.

Application Deadline: 5pm EST Saturday September 1, 2018

Players selected to participate will be notified on or before Saturday September 8, 2018

Application Guidelines

- Applicants must be between the ages of 14-18 years during the time of the exchange.
- Applicants must have participated in a PTF Program during the 2017 and/or 2018 year.
- Application must include:
 - Application Form & Code of Conduct
 - PTF Release Form
 - Letter from the Applicant (*Explaining why they believe they should be chosen for this exchange trip*).

Airfare

All costs of travel and airfare are the responsibility of the player and/or Parent. Transportation will be provided by the PTF upon arrival in New Zealand, as well as throughout the stay.

Accommodation

The New Zealand Hosts will provide housing for the PTF Players in the dorms at Christs College, in Christ Church with the PTF Chaperone.

Playing, Practice and Horses

All Games and practices will be organized and covered by the New Zealand Hosts and the PTF. The New Zealand Hosts will provide and organize appropriate horses for the PTF Players.

Chaperone (s)

A PTF Chaperone will be in New Zealand, as the players’ representative throughout the trip. Any parent(s) that would like to come along are more than welcome, but accommodation and transportation will not be necessarily provided.



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2018 Registration Form

All applicants must have participated in a PTF Program during 2017 and/or 2018 and must be between 14-18 years of age during the time of the Exchange Trip.

Player's Name: _____

Age: _____ Date of Birth: _____ T-Shirt Size: _____

Parents' Names: _____

Parent's Email Address: _____

Parent's Phone: _____

Mailing Address: _____

Which PTF Program(s) did you participate: _____

PTF Code of Conduct

- I agree to treat my coaches, teammates, competitors, umpires and horses with respect and honesty.
- I agree not to use foul or abusive language.
- I agree to come to a Coach/Instructor if I have any problems to try to find a solution.
- I understand that by participating, I am committed to improve my skills and have fun with my fellow polo players.
- I will conduct myself in a way that best represents good sportsmanship both on and off the field.
- My Parents/guardians and I realize that breaking any portion of this agreement could result in probation, suspension or expulsion from Polo Training Foundation Programs.

Player's Signature: _____ Date: _____

Parent/Guardian Signature: _____

PTF Release and Waiver of Claims

The undersigned, who is a participant or spectator in equestrian activities including polo being organized by the Polo Training Foundation (the "PTF") and carried on at the facilities of IPC Polo, LLC, Palm Beach International Polo Club, LLC, Grand Champions Polo Club Everglades Polo Club or any other facility hosting a PTF event (the "Clubs"), or in connection with any activity of the Polo Training Foundation or the Clubs, in consideration of the use of the facilities of the Club, and other good and valuable consideration, the undersigned agrees as follows:

1. **General Release.** The undersigned hereby releases and waives any claims that the undersigned may now or hereafter have against the PTF or the Clubs and any and all of the PTF and the Clubs' related entities, their members, officers, directors, operators, owners, employees, agents or their assigns from and against any liabilities, losses, damages, costs, claims, or conversion which the undersigned may incur as a result of injury or death to the undersigned or damage to the loss of personal property of the undersigned as a result of the undersigned's activities undertaken in connection with the PTF or the Clubs, including without limitation personal injury, death, and damages therefore including loss of income, earnings, bodily injury, pain and suffering, emotional and mental distress and any and all medical expenses related thereto.
2. **Assumption of Risk.** The undersigned acknowledges and understands that the equestrian activities undertaken in connection with the PTF and the Clubs involve risk of personal injury, or death, and injury to or loss of personal property, including horses, which may result from the undersigned's participation in equestrian activities. Such injuries may be caused, without limitation, by other participants, the undersigned, field conditions including uneven or damaged terrain and other natural or manmade conditions which may be hazardous to the undersigned or create hazards to the undersigned's activities. The undersigned further acknowledges that these equestrian activities are inherently dangerous and assumes all risk of injury, death, and/or damage which may result from any reason whatsoever in connection with such activities.
3. **Indemnification.** The undersigned hereby indemnifies, defends and holds harmless the PTF and the Clubs, the members, officers, directors, operators, employees, agents and their assigns from and against any and all losses, liabilities, damages, costs, claims, or expenses of whatever kind or nature including reasonable attorney's fees, whether or not resulting from negligence, which may sustain or incur by reason of the use or presence on or in any facilities of the PTF or the Clubs, including damages to horses, fences, equipment, building, or other structures or the property of other persons, buildings, or other structures or the property of other persons or personal injury to said other persons on the facilities of the PTF or the Clubs, or in connection with any of its activities.
4. **Benefit.** This release and waiver shall also release and apply fully to the following: IPC Operations, LLC, Isla Carroll Farms, L.P., ICF West, LLC (Including Philip and Michele Heatley) and to their related and associated entities, including but not limited to Wanderers Club, LLC.
5. **Reimbursement.** The undersigned agrees that in the event any claim is made against the undersigned by reason of this agreement, the undersigned shall pay such claims within 30 days of notice of said claim being given to the undersigned. In the event the undersigned does not make such payment in the time period allotted, then all such sums shall be due and owing together with the interest at the rate of 18% per annum and, in the event of an action to collect such sums the prevailing party in such action shall be entitled to award of reasonable attorney's fees incurred thereby. For purposes of this provision, notice shall be deemed given 3 days after placing said notice in the U.S. mail, postage paid, addressed to the undersigned at his address indicated below.
6. **Binding Effect.** The foregoing provisions shall be fully binding upon and shall be effective against the undersigned, his or her heirs, successors, estate, legal representatives or assigns and shall apply to the actions of the undersigned personally, the undersigned family, guests, employees, agents.
7. **WARNING.** UNDER FLORIDA LAW AN EQUINE ACTIVITY SPONSOR, AND EQUINE PROFESSIONAL, OR ANY OTHER PERSON, WHICH SHALL INCLUDE A CORPORATION OR PARTNERSHIP, SHALL NOT BE LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES AND, EXCEPT AS PROVIDED IN §773.03, NO PARTICIPANT NOR ANY PARTICIPANT'S REPRESENTATIVE SHALL HAVE ANY CLAIM AGAINST OR REVOCEER FROM ANY EQUINE ACTIVITY SPONSOR, EQUINE PROFESSIONAL, OR ANY OTHER PERSON FOR INJURY, LOSS, DAMAGE, OR DEATH OR THE PARTICIPANT RESULTING FROM ANY OF THE INHERENT RISKS OF EQUINE ACTIVITIES.

IN WITNESS WHEREOF, this agreement is executed this ____ day of _____, 20 ____.

Signature

Print Name

Address

Telephone