

RIDING SECTION - APPLICATION FOR RIDING INSTRUCTION

PLEASE FILL IN ONE FORM FOR EACH MEMBER OF THE FAMILY INTENDING TO RIDE

*Mr/Mrs/Miss				Membership No:				
Mobile:				Email:				
Tel:					Date of I	Birth:		
Nationality: *								
Height in cm: Weight in Kilos: (Note: Max. weight is 95kg, riders may be asked to weigh-in in the riding office)								
Do you have any medical conditions or taking medication? Yes/ No								
Experience - Tick all appropriate boxes:								
None			Walk / Trot / Canter (without stirrups)					
Leisure / Trail / Hack				Pony Club				
☐Walk / Trot				☐ Jumping Experience ☐ Dressage Experience				
☐Walk / Trot / Canter (with stirrups)				Competition Experience – to what level?				
☐Once a week ☐Twice a week or more ☐ Leisure / on holiday								
Comments:								
Your Availa	bility : - plea	ase circle wh	nere app	ropria	ate:			
	Tues	Wed	Thurs	i	Fri	Sat	Sun	
7:00 AM								
7:45 AM								
8:30 AM 9:15 AM								
4:00 PM								
4:45 PM								
5:30 PM								
6:15 PM								

80 MOUNT PLEASANT ROAD, SINGAPORE 298334 TEL: 6854-3999 FAX: 6354-1346 <u>www.singaporepoloclub.org</u>



Comments	
Have you signed the Form of Waiver	* YES / NO
Have you read the Rules and Regulations of Riding	* YES / NO
Have you read the Club Constitution and By-Laws	* YES / NO
Submit to:	
Riding Section Office: riding@singaporepoloclub.org	
***************************************	***************************************
FOR OFFICE USE ONLY:	
DATE OF APPLICATION:///	
Date and Time of Assessment:	
Assessing Instructor / Assigned Colour Level:	
Date and Time of Regular Lesson:	



DEED OF WAIVER AND INDEMNITY

By this Deed, I unconditionally and irrevocably agree that neither the Singapore Polo Club ("the Club"), its Management, Committee, servants or agents shall be liable to me, my family members and/or any guests introduced by me for any loss of and/or damage to any property or for any personal injury or death howsoever caused or sustained, whilst entering into, being upon, or leaving the Club's premises whether on horse-back or otherwise, and notwithstanding whether such horse or pony may be owned by the Club or privately owned, and hereby discharge the Club, its Management, Committee, servants and agents from all claims that I, my family members and/or any guests introduced by me may have against them

In particular, but without prejudice to the foregoing, I unconditionally and irrevocably agree that if I, and/or any of my family members and/or quests introduced by me should receive equestrian lessons or engage or participate in any form of horse riding or other equestrian activity or any riding or polo lessons or competition, test or event, whether such horse or pony may be owned by the Club or privately owned or whether the same shall be held within or outside the premises of the Club and whether offered or organized by the Club or whether in collaboration or jointly with any other organization or body or club whatsoever or should I and/or any of my family members and/or guests introduced by me, participate or engage in any other activities, events, games, competitions, programmes, tests, courses, lessons or sport of any kind whatsoever, held within or outside the premises of the Club or whether offered or organized by the Club or whether in collaboration or jointly with any other organization or body or club whatsoever including but without restriction in the interpretation of the foregoing, the activities of polo, gymkhana, show-jumping, cross country, eventing and horse racing, as well as swimming, tennis, squash or use of the Club's gymnasium, I, my family members and/or any guests introduced by me will do so entirely at my/their own risk and the Club, its Management, Committee, servants or agents shall be exempt from all liabilities whatsoever and howsoever caused and I/we hereby waive all claims now or hereafter available to me, my family members and/or any guests introduced by me for any loss of and/or damage to any of my/their property, or personal injury or death whether the same is/are caused or occasioned by any act, omission or negligence whatsoever by the Club, its Management, Committee, servants or agents.

I further warrant and represent that I, my family members and/or any guests introduced or to be introduced by me to the Club are medically fit for such activity, event, game, competition, programme, test, course, lesson or sport which I/they shall participate or engage in and hereby further undertake that I and/or my family members and/or any guests introduced by me shall be safely and appropriately equipped and attired for riding or such other equestrian activity or any riding or polo lessons or competition, programme, test or event or such other activities, events, games, competitions, programmes, tests, lessons or sport of any kind whatsoever, held within or outside the premises of the Club and whether organized by the Club or otherwise in collaboration or jointly with any other organization or body or club whatsoever, and shall at all times strictly abide by the bye-laws and rules and regulations of the Club. Members must ensure that guests are sufficiently competent riders to safely engage in horse riding activities within the Club grounds.

In contracting for myself, I also warrant and represent that I have the full authority to contract on behalf of all my family members and/or any guests introduced or to be introduced by me to the Club and I shall indemnify the Club, its Management, Committee, servants or agents effectively and fully against all proceedings, claims, expenses and liabilities whatsoever which may be taken or made against or incurred by the Club, its Management, Committee, servants or agents by reason of any claim or action of whatever nature which may be brought by me, my family members and/or any guests introduced or to be introduced by me or on any of our behalf in respect of the foregoing.

Member Signature:	Date:						
Member Name:							
For Guests/Non-Members to complete if a Member is signing in a guest:							
Guest Signature:	Guest Name:						
NRIC / Passport No. (for Guest):	Contact No:						

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Name of child (if signing on behalf of a child):		
Address in Singapore:		
Witnessed By:		
Witness Signature:	Date:	
Witness Name:		
Emergency Contact Details		
In case of emergency, please contact:	Contact No:	
Preferred Hospital (in the event of accident requiring trans	sport to a hospital):	