

*This section is for Parent or Guardian of Child rider (under 18)*

I hereby apply (on behalf of my child) to participate in equestrian programmes or activities organised or operated by your riding establishment. I attach to this application the completed form giving details of my child's riding experience which I understand will form the basis of the agreement between me and the riding establishment.

I do hereby acknowledge and accept the following:

1. That all sporting activities have an element of danger and riding is no exception
2. That my child may suffer serious personal injury as well as loss of property as a result of exposure to risks and hazards associated with riding as a sport.
3. I hereby agree to abide by all rules and regulations laid down by the riding establishment, I hereby agree:
  - a. My child will wear an approved head gear and suitable clothing and footwear when riding
  - b. My child will follow all instructions meticulously
4. I understand clearly that by accepting the riding establishment's terms and signing this agreement I am accepting that there are risks and must exercise due care and attention

**SIGNED:** .....

*Parent or Guardian of Child Client*

**SIGNED:** .....

*For the Riding Establishment*

**Date:** .....



## REGISTRATION AND WAIVER FORM

**ASSOCIATION OF IRISH RIDING ESTABLISHMENTS**

**REGISTRATION SHEET**

(Client with previous riding experience complete full form. Those with no previous riding experience complete Sections A, C and D).

**SECTION A:**

**Name/Childs Name:** .....

**Address:** .....

..... **Tel. No:** .....

**Age:** ..... **Years Riding:** .....

**SECTION B:**

**How often do you/your child ride?** .....

**Level of riding experience:** .....

**Details of previous riding:** .....

.....

**SECTION C:**

**Do you now, or have you ever, suffered from any of the following:**

ASTHMA, DIABETES, EPILEPSY, HEART PROBLEMS, BACK PROBLEMS, NERVOUS DISORDERS, OTHER (State):

**YES/NO**

(If yes to any of these, please tick the condition concerned and in your own interest state whether or not your doctor is in agreement with you riding)

**YES/NO**

**Doctor's Name:** ..... **Tel. No:** .....

**LADIES,** it is advisable to let the management know if you are pregnant.

**SECTION D:**

**I acknowledge and accept that riding is a risk sport.**

**Signed:** .....

**Client/Parent or Guardian of Child Client**

1. The Proprietors and Management reserve the right to refuse an applicant permission to ride at this establishment.
2. Accurate information on previous riding experience must be supplied before acceptance (see Registration Sheet).
3. Regulation headwear, footwear and clothing must be worn. Headwear and footwear brought by clients may be examined by management for suitability. All instructions from management and staff must be meticulously followed in the interest of safety.
4. Horses will be matched to riders in accordance with rider's statement of experience.
5. Riders are recommended to have Personal Accident Insurance Cover.

The establishment is approved and makes every reasonable effort to ensure the safety of the rider but in the interests of providing a good and reasonable service without fear of unreasonable claims for injuries, we do require the following disclaimer to be accepted as part of the conditions of riding at this establishment:

"The proprietor/s, management and employees of this establishment shall not be liable for nor shall they accept responsibility for any personal injury, loss or damage sustained by any person or persons (including customer/rider) whether arising under the express or implied terms of this contract, whether direct or indirect and including consequential losses arising out of any of the activities of this establishment or in any other way whatsoever which does not arise from any negligent act or omission of the proprietor/s / management/ employees."

I understand clearly that by accepting the riding establishment's terms and signing this agreement I am accepting that there are risks and must exercise due care and attention.

Signed: .....

*Client/Parent or Guardian of Child Client*

Signed: .....

*On behalf of the Establishment*      **DATE:**