

*This section is for an Adult and/or
a Parent or Guardian of Child rider (under 18)*

I hereby apply for myself and/or 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 and/or 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 I or 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 that:
 - a. I and/or my child will wear approved head gear and suitable clothing and footwear when riding;
 - b. I and/or 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 the risks. I will exercise due care and attention. It is my decision whether or not to carry insurance against loss.

I and/or my child acknowledge and accept that riding is a risk sport. I acknowledge that this Establishment may use my address and telephone number to contact me in the future. The information will not be shared by any other party.

I agree that photographs or recorded images may be taken during or at AIRE related activities, which may include myself or my child, may be used in the promotion of this centre.

Please Tick

SIGNED:
Parent or Guardian / Client *Date*

SIGNED:
For the Riding Establishment *Name in print*



REGISTRATION FORM AND RISK ADVISORY

ASSOCIATION OF IRISH RIDING ESTABLISHMENTS

Beech House, Millennium Park, Osberstown, Naas, Co Kildare.

Tel: 045 854518

REGISTRATION SHEET

SECTION A:

Rider Name/Child's Name.....

Address:

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

Email:

Age:**Years Riding:** **Emergency Tel: No**.....

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 underline 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:

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.

This Establishment is approved and makes every reasonable effort to ensure the safety of the rider. Horses are unpredictable and there is always a risk that a rider and/or horse may fall or a horse go out of control. These risks can never be eliminated. 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 do 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 a negligent act or omission of the proprietor(s)/management/employees."

I understand and agree that by accepting the Riding Establishment's terms and signing this agreement, I am accepting that there are risks of injury and I must exercise due care and attention.

Signature of Rider or Parent

Name of Witness