



## Registration Sheet

Clients with previous riding experience must complete the full form.

Those with no previous riding experience must complete Sections **A**, **C** and **D**.

### SECTION A

Name / Child's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contact number: \_\_\_\_\_

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### SECTION B

Level of riding experience: \_\_\_\_\_

Details of previous experience: \_\_\_\_\_

How often do you ride?: \_\_\_\_\_

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### 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 DISORDERS (please state)

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YES / NO

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

Doctor's name: \_\_\_\_\_

Tel No: \_\_\_\_\_

**LADIES:** IT IS ADVISABLE TO LET THE MANAGEMENT KNOW IF YOU ARE PREGNANT.

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**SECTION D**

I acknowledge and accept that riding is a risk sport.

Signed: \_\_\_\_\_ Client / on behalf of child client

Date: \_\_\_\_\_

To: MPM Equestrian Of: Rahill, Rathvilly

I, *(Your Name)* \_\_\_\_\_

*of (Your Address)* \_\_\_\_\_

Hereby apply / 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 / 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 I / my child may suffer serious personal injury, as well as loss of property as a result of exposure to the risks and hazards associated with riding as a sport and I voluntarily assume all of the aforesaid risks and hazards.
3. I hereby agree to abide by all the Rules and Regulations laid down by the Riding Establishment, as amended from time to time and in particular, I hereby agree:
  - (a) I / my child will wear approved headgear and suitable clothing and footwear when riding  
AND
  - (b) I / my child will follow all instructions meticulously.

I understand clearly the matters set out above. I understand that it is not possible for the establishment to exclude or limit its legal liability in the event of an accident resulting in death, injury or loss but that this Waiver Form may be relevant in the event of any dispute arising between me (or my child) and the Establishment.

Signed: \_\_\_\_\_ Client / on behalf of child client

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ For the Riding Establishment

## Disclaimer

The Proprietor and Management reserve the right to refuse an Applicant permission to ride at their establishment.

1. Accurate information on previous riding experience must be supplied before acceptance (see registration sheet).
2. Regulation headwear, footwear and clothing must be worn. Headwear and footwear brought by clients may be examined by management for suitability.
3. ALL instructions from management and staff must be meticulously followed in the interests 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 the fear of constant claims from injuries, we do require the following disclaimer to be accepted as part of the conditions of riding at this establishment.

The proprietors, management and employees of this establishment shall rely on the contents of this waiver form to avoid responsibility for any injury, loss or damage whatsoever sustained by any person or persons (including the customer/rider) whether arising under the express or implied terms of this contract, in negligence or law or in any other manner arising, whether direct or indirect and including consequential losses arising out of any of the activities of this establishment or in any other way whatsoever.

Signed: \_\_\_\_\_  
On behalf of the establishment

Signed: \_\_\_\_\_  
Client / on behalf of child client