



Disclaimer for special events associated with Coleshill Heath Riding Club

General	
Members Name	Date of Birth

I wish my daughter/son to be allowed to participate in the riding clubs special events (Pleasure Ride, Training Days). I understand that this may include events outside of the Riding Clubs usual venue and each such venue will require me to complete a disclaimer form specifically for that event.

Explanatory Notes
<p>This form serves several important functions :-</p> <ol style="list-style-type: none"> 1. It confirms your knowledge of, and your agreement to, your child's participation in the planned event 2. It advises you that the Riding Club will not be legally liable for every type of loss suffered by a child whilst at an event 3. It contains information about your child, together with your consent to medical treatment, if required. 4. It gives the supervising committee members immediate information on how to contact you in an emergency. <p>You will therefore appreciate the importance of this form and that it must be completed fully. If the form is not returned your child WILL NOT participate in the types of events which it covers. If you wish to discuss the contents of this form please contact one of the committee members listed on the web site (www.chrc.co.uk)</p> <p>By completing and signing this form you accept that, while the committee in charge of the event will take all reasonable care of the children, they cannot necessarily be held responsible for any loss or damage suffered by your daughter/son during the event. The events are covered by public liability insurance and should you require any further insurance for your child it is your responsibility to take out the relevant cover as required.</p> <p>Please remember it is your responsibility to contact the riding club if any of your child's details should change. The riding club committee members in charge of the events will assume that the information provided on the disclaimers for the child in their charge is correct and up to date.</p> <p>This data will held by the Riding Club Secretary and will only be used in the event of an emergency.</p>

Medical	
Family Doctor's Name & Address	
Telephone No:	
Date of Last Anti-Tetanus	
My child has a condition requiring regular treatment	YES / NO
My child suffers from _____ requiring regular treatment. I enclose a letter giving full details of the complaint and its treatment.	
My child has the following lifelong condition/disability	
My child suffers from the following allergies (Nuts, Lactose, gluten, etc)	



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Emergency Contact	
Name of Parent/Guardian	
Address	
Emergency Tel: (day)	(night)
Alternative emergency contact number if parent/guardian cannot be contacted	
Name	
Address	
Emergency Tel: (day)	(night)

Declaration	
After having read the explanatory notes I agree to my daughter/son taking part in any or all of the special events described.	
I also consent to any emergency medical treatment as may be necessary during the course of the event	
Signature of Parent /Guardian	Date