

Scottish Endurance Riding Club

Day Member Pleasure Ride Entry Form

Closing date for entries is 2 weeks before the date of the ride

Name of the Ride	
Date of the ride	
Name of rider	Date of birth if junior
Address	
Post Code	
Telephone:	Mobile:
Email:	
Horse name:	
Horse Age: Sex – circle gelding mare stallion	
There maybe a photographer in attendance. In order for any prints to be sent directly to you we will provide your/your child's name and address to the photographer. Please tick the box if you do not wish to receive prints	
Fees:	
Ride Entry – fee £16.00	£
Stabling/corralling	£
Camping	£
Catering	£
Total payment [cheques payable to SERC]	£

Please enclose A LARGE [at least 7 x10] SAE with sufficient stamps to cover postage of Ride Information

Riders not currently full members of SERC, EGB & ILDRA may take part in our rides as temporary day members, to comply with insurance regulations. Your signature on this form activates that membership. Temporary day membership lasts 7 days covering the period 2 days prior to the ride date.

I understand that, save for death or personal injury caused by negligence, neither the organising committee of the ride, nor SERC, accept any liability for any accident, damage, injury or illness to horses, owners, riders, ground spectators or other person or property whatsoever. I understand that riding is a risk sport, and I have the competence to undertake the class I have entered. This ride is run under SERC rules, which I will observe. A copy of the rules, will be on display at the ride, or can be obtained from the general secretary at a cost of £5. They are also available at www.scottishendurance.com

Signature of Rider.....Date.....

Scottish Endurance Riding Club
Parental Consent Form
One form should be completed for each ride/activity

Child's details

Name of child

Address of child

Ride/activity name:

Date of ride/activity:

Name of accompanying adult rider:

Signature of accompanying adult rider:

As the parent/person holding parental consent I give my permission for the child named above to participate in the above ride/ activity.

In case of emergency I can be contacted on

I also authorize the accompanying adult rider named above to take responsibility in case I am unavailable.

They can be contacted on

I agree to any emergency medical treatment to be given as considered necessary by the medical authorities if I cannot be contacted.

Name.....[Printed]

Relationship to child

Date

Signature.....