IRISH LONG DISTANCE RIDING ASSOCIATION

COMPETITIVE TRAIL RIDE

JUNIOR CONSENT FORM

I_____ (Adult's name) accept responsibility for the child(ren) named below for the duration of the following ride:-

Venue:_____

Class entered:_____

Date:_____

I undertake to remain with the child(ren) throughout the ride and understand that this responsibility is not transferable.

In the event of either Adult or Child(ren) for some reason being unable to complete the ride the other rider(s) must also retire.

1._____child's name and number

2._____child's name and number

3._____child's name and number

For Competitive Trail Rides please complete and return this form to the ride organiser along with your entry form.

Signed: _____

Name: _____

Date: _____

www.enduranceridingireland.com