



**HOLMESTEAD SADDLERY ALL-IRELAND INTER-SCHOOLS  
HUNTER TRIALS COMPETITION for SECOND LEVEL SCHOOLS**

to be held at Lisgarvan House, Ballon, Co.Carlow

on

**Saturday 12<sup>th</sup> March 2016**

(hereinafter called “the Competition”)

Hosted by

**Coláiste Bhríde Carnew**

(hereinafter called “the school”)



**etb**

Bord Oideachais agus Oiliúna  
Chill Dara agus Chill Mhantáin  
Kildare and Wicklow  
Education and Training Board

To be completed prior to competition and returned along with completed entry forms and entry fees to:  
Mary Rothwell, Entries Secretary, All-Ireland Inter-Schools Hunter Trials, Coláiste Bhríde, Carnew, Co. Wicklow.

## **WAIVER OF RIGHTS**

I \_\_\_\_\_ am the Parent/Legal Guardian of \_\_\_\_\_ (hereinafter called “the competitor”). I have been advised that the Hunter Trials competitions are known to be hazardous and dangerous and can result in serious injury or death to competitor(s) and/or horse(s) and/or spectator(s) and/or other person(s). I acknowledge that I am fully aware of these risks and voluntarily submit and expose myself/my child to same. I state and confirm that I/my child has sufficient experience and ability to participate in the competition.

In consideration of being allowed by the school/organisers to participate in the competition, I hereby waive on my own behalf and on behalf of the competitor any legal claim for the recovery of damages or otherwise or for any other redress (including but not limited to any claim for personal injury, distress, shock to me/the competitor or damage caused by any competitor/participant in the competition) against the school and/or its trustees/officers, and/or the committee of the All-Ireland Inter-Schools Hunter Trials, and/or the organising committee of the competition and/or the landowner(s) of the competition venue(s) and/or any other person(s) or body(ies) involved in or assisting in the running of the competition.

I have read the waiver and clearly understand it and accept the terms thereof and I acknowledge and voluntarily assume and accept the potential risk to myself/the competitor. *I understand that if I do not follow all rules as outlined in the ‘Conditions for Competitors’ that my son/daughter/their team will be eliminated.*

**Name of Competitor**

**Address**

**Signature of Parent/Guardian**

**School Name and Address**

\_\_\_\_\_

**Signature of School Principal:** \_\_\_\_\_

**SCHOOL STAMP**

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