

HSI CARRIAGE DRIVING SUBSCRIPTION APPLICATION 2020

IN ORDER TO FOR YOUR APPLICATION TO BE ACCEPTED, IT IS MANDATORY THAT THE FORM BELOW IS COMPLETED IN FULL AND RETURNED TO HORSE SPORT IRELAND

| (PLEASE WRITE IN CANAME: ADDRESS: | · | |
|--|--|---|
| TELEPHONE (of pare | nt/guardian if driver is under 18 | : |
| E-MAIL ADDRESS (of | parent/guardian if driver is und | er 18): |
| DRIVING NUMBER: | | |
| EQUINE PREMISES RI | EG. NUMBER: | |
| TYPE OF SUBSCRIPTION | ON (Please tick as appropriate): JUNIOR* | SUPPORTING/NON-DRIVING |
| *A Junior Member is | a person who is 18 years or your | ger on 1 st January. Date of Birth: |
| DECLARATION: | | |
| be granted. I have take Sport Ireland's Code of bound by Horse Sport I Regulations and the Sp | n it upon myself to source and read Conduct ("Code of Conduct") and I reland's General Rules, Horse Sport port Ireland Human Anti-Doping Ru | ation here is correct and there is no reason why this membership should not the Horse Sport Ireland General Rules the ('General Rules') as well as Horse confirm that I understood same. I confirm that I agree to comply with and be Ireland Code of Conduct, HSI Equine Anti-Doping and Controlled Medication less as amended from time to time. I agree and confirm that while I am soft Horse Sport Ireland, I will be subject to, and will I comply with the |
| my consent is required disclosure to third partifor the Carriage Driving Ireland's Data Protection will only process my prequired by law. All propersonal data, as define will honour my rights a limits those privileges. | for Horse Sport Ireland to process es such as, but not limited to, the Sp programme and Organising Common and Privacy policies (available at ersonal data for legitimate busines cessing will have due regard to the I and GDPR, the product of the I and GDPR, the product of the I and I are the I are | personal data which it may have in its possession concerning me including orts Department Administrators, the insurance company who provides cover ittees at Carriage Driving events. I confirm that I have reviewed Horse Sportwww.horsesportireland.ie or on request) and I note that Horse Sport Irelands purposes relating to the Carriage Driving Programme 2020 and/or where DPA 2018 and GDPR 2016. I note that this personal data may include sensitive excessing of which requires my explicit consent. I note that Horse Sport Irelands my rights as a data subject, as long as there is no other overriding law which formation relating to me, either contained in this form or otherwise, for the rogramme 2020. |
| I note that annual subscription. | criptions fall due on 1 st January each | year and that driving members' insurance cover runs concurrently with the |
| SIGNED: | (by parent/g | uardian if driver is under 18) DATE: |



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| 2020 SUBSCRIPTION RATES: |
|---|
| ☐ ADULT DRIVER - €130 |
| JUNIOR DRIVER ONLY - €20 |
| JUNIOR DRIVER WITH ADULT - €140 |
| SUPPORTING MEMBER - €30 |
| EQUINE ANNUAL REGISTRATION (please complete attached equine registration form) - €10 |
| PROPOSER: |
| ALL NEW MEMBERSHIP APPLICATIONS ARE SUBJECT TO RATIFICATION BY THE HSI CARRIAGE DRIVING COMMITTEE. |
| PAYMENT: |
| Credit card payments can be made by contacting Michelle O'Reilly in Horse Sport Ireland |
| Please make cheques payable to HORSE SPORT IRELAND and return to Michelle O'Reilly |
| Sports Department Administrator: Ms. Michelle O' Reilly, HSI Carriage Driving Section, 1st Floor, Beech House, Millennium |
| Park, Osberstown, Naas, Co. Kildare. Email: moreilly@horsesportireland.ie . Tel: (045) 854537 |
| <u>INSURANCE</u> |
| Consistent with 2019, personal liability insurance is not available as part of the HSI Carriage Driving Section membership. The |
| Carriage Driving Section is part of HSI, as such, our official events benefit from the HSI public liability insurance coverage for |
| the running of events. As a result, if a claimant holds the Carriage Driving section of HSI (Horse Sport Ireland) responsible for |
| an accident, they are indemnified for the first 20 events under the HSI policy. However, if a member/participant causes an |
| accident at a Carriage driving event and someone holds the member/participant liable, they need to have their own cover in |
| place and the HSI policy will not indemnify them. As a result, we require all drivers to carry their own personal liability |
| coverage to drive or compete at HSI events. Personal liability insurance is offered as part of BC driving membership of which |
| many HSI Carriage Driving Section members are also members. We understand BDS also offer personal liability insurance. |
| For avoidance of doubt, it is the responsibility of members to assess their own personal insurance needs relative to terms, |
| conditions and exclusions of coverage offered as part of the aforementioned memberships. |
| |
| Office use only |
| Date received: By: Paid: C/C Cash Cheque Amount: € |
| |
| |



IN ORDER TO FOR YOUR APPLICATION TO BE ACCEPTED, IT IS MANDATORY THAT THE FORM BELOW IS COMPLETED IN FULL AND RETURNED TO HORSE SPORT IRELAND. PLEASE ENSURE THAT THE NAME OF THE EQUINE IS THE NAME THAT APPEARS ON THE PASSPORT

| EQUINE NAME | EQUINE NAME | |
|-------------------|------------------|---|
| ТҮРЕ | ТҮРЕ | |
| BREED | BREED | |
| GENDER | GENDER | |
| COLOUR | COLOUR | _ |
| PASSPORT NUMBER | PASSPORT NUMBER | - |
| MICROCHIP NUMBER: | MICROCHIP NUMBER | |
| 2020 CLASS* | 2020 CLASS* | |
| | | |
| EQUINE NAME | EQUINE NAME | |
| ТҮРЕ | ТҮРЕ | |
| BREED | BREED | |
| GENDER | GENDER | |
| COLOUR | COLOUR | |
| PASSPORT NUMBER | PASSPORT NUMBER | _ |
| MICROCHIP NUMBER: | MICROCHIP NUMBER | |
| 2020 CLASS* | 2020 CLASS* | |

^{*}Please state the class you are planning to compete with this horse in 2020