



RIDER REGISTRATION FORM

Name of Equestrian Establishment
CONFIDENTIAL - Please complete all Sections and Boxes

First Name: Surname:

Address:

Tel(Home): Tel (Mobile):

Email:

Date of Birth: Age: Weight: Height:

Occupation:

Have you or the rider you are signing for, ever suffered a serious injury or discomfort while riding or been advised not to ride? Yes No

If Yes, Please describe:

Please detail any disability or medical conditions that may affect your ability to ride. This may include but not be limited to any back problems and any condition, which can affect balance or cause blackouts/ loss of consciousness/ fitting etc.

EMERGENCY CONTACT

Contact Name & Relationship Tel:

RIDING ABILITY/DECLARATION - Tick all boxes that apply

I consider myself (or the person riding for who I am signing on behalf as a minor) to be a:

Complete Beginner Beginner Novice Intermediate Advanced

How many times have you/rider ridden in last 12 months: None under 12 12-40 40+

What do you believe yours or the person riding' capabilities to be on a horse or pony to be?

Riding at a walk Trotting with stirrups Trotting without stirrups Cantering

Hacking Riding over jumps up to 0.5m (18") Over jumps 0.75m (30") Riding over cross country jumps

- I confirm that to the best of my knowledge all the above details are correct.
 - I have read the Horse Riders' Code of Conduct overleaf. I understand that riding at any standard has inherent risk that I may fall off and could be injured. I accept that risk and agree that the riding school will not be liable for injury or damage to property unless it is caused by their negligence.
 - Where I am signing on behalf of a minor I have explained the Riders Code of Conduct to my child and we both accept the risk and agree that the riding school will not be liable for injury or damage to property unless it is caused by their negligence.
 - I have read and understand the lesson booking and cancellation policy and agree to abide by it all times.
 - Data Protection Act 1998: Statement: I understand that information I have given will be held in accordance with the Data Protection Act 1998 but may also be made available to Insurers and other concerned parties in the event of any injury or accident.

Signature Print Name Date

If signed on behalf of a minor:
 Rider's Name Relationship to minor

TO BE COMPLETED BY INSTRUCTOR/SUPERVISOR ON BEHALF OF THE EQUESTRIAN ESTABLISHMENT

This client has been assessed and our judgement of their capabilities is as follows:

Complete Beginner (Lead rein/Lunge) Beginner (Beginning Walk & Trot independently)

Novice (Walk, Trot, Canter independently) Intermediate (Jumping, Stage 1) Advanced (Stage 2, Equivalent and above)

ASSESSMENT LESSON CONTENT: Walk Trot Canter W/O Stirrups Jump Lateral

OFFICE USE - Assessment Lesson

Horse Used Lesson Type

Date Time

Signature Print Name Position

**RIDER REGISTRATION FORM
THE HORSE RIDERS
CODE OF CONDUCT**

- I understand that riding at any standard has inherent risk and that all horses may react unpredictably on occasions.
- I may fall off and could be injured. I accept that risk.
- I understand that instructions are given for my safety and agree to follow instructions given to me by staff and instructors of the riding school.
- I reserve the right not to ride a horse allocated to me and may request a change of instructor.
- I understand that wearing an appropriate riding hat and body protector may reduce the severity of an injury should an accident happen and agree that I will always wear a riding hat whilst riding, leading and grooming horses at the riding school. I understand it is my choice whether or not I wear a body protector.
- I understand that the riding school will make decisions based on information I give them and agree to always be honest and volunteer information about:
 - my abilities and riding experience
 - any previous riding accidents
 - any medical condition(s) which may affect my ability to ride
- I understand that children are at particular risk around horses and agree that I will keep children that I am responsible for, under close supervision when they are not being instructed by the riding school.
- I understand that the riding school may refuse my request to ride for safety or operational reasons.
- I understand that competing carries enhanced risk over and above general riding and agree that if I chose to participate in any competition or event, it is up to me to ensure that I have the experience and ability to ride the course including any jumps which form part of it. If I am in any doubt, I will use my judgment and experience and not enter.

Signed:

Dated:

On occasions we like to use photographs from our activities on our facebook page & website. Please indicate if you would be happy for the named rider to be photographed and featured.

Please delete as appropriate:

I agree/do not agree to the named rider being photographed and featured.

Signed.....date as above

Relationship to rider if the rider is under 18 years old.....

Does your child have any known allergies? Yes/No

If yes, please give details

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Does your child have any medical condition/s that you wish Wembury Bay Riding School to be made aware of? Yes/No

If yes, please give details

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Does your child bring any prescribed medication with them when attending Wembury Bay Riding School? Yes/No

If yes, please give details

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In the event of an accident or injury, are you happy for your child to be given First Aid by staff and/or, should it be deemed necessary, medical professionals? Yes/No