

## RIDER REGISTRATION FORM

All information provided is confidential and only used to enable us to provide you with a safe riding experience. This data is stored, managed and handled securely following our Privacy Policy, which can be found on the website. No data is shared with any third party. Should you wish for this data to be deleted at any time please let us know. Thank you.

<b>Name</b>		<b>Contact Address</b>	
<b>Contact phone number</b>		<b>E-mail</b>	
<b>Age</b>	<b>Height</b>	<b>Weight</b>	
<b>Have you or the rider you are signing for, ever suffered an injury or discomfort while riding or been advised not to rider? If Yes, please give details below</b>			
<b>Please detail below 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.</b>			
<b>Emergency Contact details</b>		<b>Name:</b>	
		<b>Contact number:</b>	
<b>How did you hear about us?</b>			
<b>Riding Ability Declaration: Please tick all boxes that apply</b>			
<b>How many times have you ridden in the last 6 months?</b>			
None <input type="checkbox"/> Under 12 <input type="checkbox"/> 12-25 <input type="checkbox"/> 30+ <input type="checkbox"/>			
<b>Have you had any experience of the following;</b>			
Riding at a walk <input type="checkbox"/> Trotting with stirrups <input type="checkbox"/> Trotting without stirrups <input type="checkbox"/> Cantering <input type="checkbox"/>			
Cantering without stirrups <input type="checkbox"/> Riding over trot poles <input type="checkbox"/> Riding lateral moves (leg yield etc) <input type="checkbox"/>			
Hacking <input type="checkbox"/> Riding over jumps up to 0.5M (18") <input type="checkbox"/> Riding over jumps up to 0.75M (30") <input type="checkbox"/>			
<b>What do you hope to achieve from your riding lessons?</b>			
Improved confidence <input type="checkbox"/> Develop new skills <input type="checkbox"/> Improve existing skills <input type="checkbox"/> Improve lateral work <input type="checkbox"/>			
<input type="checkbox"/> Improve riding position <input type="checkbox"/> Other (please detail below)			

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**I confirm that to the best of my knowledge all the above details are correct.**

- I have read the Horse Riders' Code of Conduct below. 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.....Date.....

### 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.

I understand that the riding school may refuse my request to ride for safety or operational reasons.

I understand that hacking and jumping carries enhanced risk over and above general riding and agree that if I chose to participate in hacking or jumping, it is up to me to ensure that I have the experience and ability to ride the course. If I am in any doubt, I will use my judgment and experience and not take part.

**This client has been assessed and my judgment 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, and above)

Instructors Name.....Signature.....

Assessment Lesson Content: Walk  Trot  Canter  W/O Stirrups  Lateral  Polework

Horse Used.....Date.....Time.....