



SOUTH ESSEX
INSURANCE BROKERS

RIDER REGISTRATION FORM

Name of Equestrian Establishment

CONFIDENTIAL – Please complete all boxes

First Name: Surname:

Address:

Postcode:

Tel: (Home) Tel: (Mobile) Email

Date of Birth: Age: Weight: Height:

Occupation:

Have you ever suffered serious injury or discomfort whilst riding? YES NO

If yes, please describe:

Please detail any disability or medical conditions that may affect your ability to ride or which your instructor should be aware of in case of emergency (e.g. **back problems, diabetes, pregnancy**)

EMERGENCY CONTACT

First Name: Tel:

RIDING ABILITIES – Tick all boxes that apply

I consider myself to be a: Complete Beginner Beginner Novice Intermediate Advanced

How many times have you ridden in the last 12 months? None Less than 12 12 - 40 40+

What do you believe your capabilities on a horse/pony to be?

Riding at a walk Trotting with stirrups Trotting without stirrups Cantering

Hacking Riding over jumps up to .5m(+feet/ins) Over jumps .75m(+feet/ins) Riding over cross country jumps

I acknowledge **THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER**, and that all horses may react unpredictably on occasions. I understand that I must obey the instructions of the instructor and must comply with the health & safety requirements of the establishments. I reserve the right not to ride a horse allocated to me and request a change of instructor.

I confirm that to the best of my knowledge all the above details are correct. A parent or guardian of riders under the age of 16 must sign this form. I have read and understand the lesson booking and cancellation policy and agree to abide by it at all times.

RIDERS AGED 16 YRS AND OVER: I confirm that the above pre-assessed abilities are correct and I agree that I ride entirely at my own risk.

RIDERS UNDER 16 YRS OF AGE: I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct.

DATA PROTECTION ACT 1998: Statement: I understand that the 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 parties in the event of any injury or incident.

If signing on behalf of rider please state relationship to rider:

Signature: Print Name: Date:

TO BE COMPLETED BY INSTRUCTOR/SUPERVISOR

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)

Name: Position: Signature:

ASSESSMENT LESSON CONTENT:

Walk Trot Canter Jump W/O Stirrups Lateral

OFFICE USE – Assessment Lesson

Horse used: Date:

Time: Lesson Type: