

## **RIDER REGISTRATION FORM**

		nent CONFIDE	NTIAL - P	ease	complete all S	ections ar	nd Boxe	IS			
First Name:					Surname:						
Address:											
Tel(Home):					Tel (Mobile):						
Email:											
Date of Birth:			Age:		Weight:			Hei	ght:		
Occupation:											
-	rider you are signing	for, ever su	ffered a serio	ous inju	ury or discomfort w	hile riding o	r been ad	lvised not to	o ride?	Yes	No
If Yes, Please d	escribe:										
	y disability or medic on, which can affect							ot be limited	I to any	back pro	blems
			EN	IERG	ENCY CONTAC	)Т					
Contact Name &	& Relationship					Tel:					
		RIDING A	BILITY/DE	CLAF	ATION - Tick a	ill boxes t	hat app	dv			
<u></u>						PROVENED POPULAT					
I consider mys	elf (or the person r	iding for wh	no I am sign	ing on	behalf as a minc	or) to be a:		] _	_		
Complete Begin			Novice		Intermediate		Ac	lvanced	]		
	es have you/rider r				None		er 12	12-	40		40+
Riding at a walk	elieve yours or the	person ridi	<u> </u>	ties to		pony to be	?			<u> </u>	
-		ang manoan			Trotting with	out stirrups		Ca	interina		
Hacking	Riding over jur	-			Trotting with Over jumps	out stirrups 0.75m (30")		Ca Riding over	intering cross co	ountry jui	mps
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PLEASE SEE OVERLEAF FOR HORSE RIDERS CODE OF CONDUCT

## 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: